

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

06753

## 1. PLACE OF DEATH

County Baltimore  
Village or City Dundalk

Length of residence in city or town where death occurred

yrs.

mos.

5

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

Ward

Registration Dist. No.

41

No. 6770 Woodley Rd St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Elizabeth Lewis AcKerman(a) Residence: No. 6770 Woodley Rd St., Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofJohn AcKerman

6. DATE OF BIRTH (month, day, and year)

Aug 22 1862

7. AGE

Years  
68Months  
9Days  
29If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.At home9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)England

13. NAME

John Lewis14. BIRTHPLACE (city or town)  
(State or country)England

15. MAIDEN NAME

Elizabeth Thomas16. BIRTHPLACE (city or town)  
(State or country)England

17. INFORMANT

Edw AcKerman

(Address)

6770 Woodley Rd

18. BURIAL, CREMATION, OR REMOVAL

Meadowlark Pk June 20, 1931

Place

Date

19. UNDERTAKER

(Address)

John Ulrich200 Orleans St

20. FILED

6/20/31 J. McNamee

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

6-

20-

, 1931  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

June 19, 1931, to June 20, 1931Last saw her alive on June 19, 1931; death is said  
to have occurred on the date stated above, at 12:25 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Coronary Thrombosis

Data on set

June 19, 1931

Other Contributory Causes of importance:

Arterio Sclerosis

Unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed)

Alt. F. Lee M. D.(Address) 2 Kingship Rd, Dundalk, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should state EXACTLY, PHYSICIAN'S should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
County \_\_\_\_\_  
*Baltimore*

Village or City \_\_\_\_\_  
*Edgemere* (No.)

2 FULL NAME \_\_\_\_\_  
*Petel born infant (Asher)*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
<i>Male</i>	<i>white</i>	<i>single</i>

6 DATE OF BIRTH

6 DATE OF BIRTH	June 30	, 1931
	(Month)	(Day)
		(Year)

7 AGE

7 AGE	yrs.      mos.      da.      If LESS than   day      hrs.      or      min.?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work  
*none*  
(b) General nature of industry business, or establishment in which employed or (employer)  
*—*

## 9 BIRTHPLACE

(State or country) *Md*

## 10 PARENTS

11 NAME OF FATHER *Leslie Asher*  
12 BIRTHPLACE OF FATHER *Md.*  
13 MAIDEN NAME OF MOTHER *Gertrude C Phillips*  
14 BIRTHPLACE OF MOTHER *Va*

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Henry C Asher*

(Address) *Edgemere*

15 Filed *June 30 1931* *H. McCormick M.D.* *Registrar*

06754

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *44*

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

*June 30, 1931*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

192... to 192...  
that I last saw h alive on

and that death occurred on the date stated above, at m.  
The CAUSE OF DEATH was as follows:

*Petel born infant*

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Signed) *H. McCormick* M. D.  
June 30, 1931 (Address) *Oppenour Park*

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

*Sent to Johns Hopkins*, 19

20 UNDERTAKER ADDRESS

*Anatomical Laboratory*

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

V. S. No.

N. B. Every item of information should be carefully supplied. ACE should be indicated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
 County Baldwin  
Balto. Co. Md.  
 Village or City Bal (No.)

2 FULL NAME Charles Washington Baldwin

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <u>Single</u>
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6 DATE OF BIRTH  
January 26th, 1845  
 (Month) (D.) (Year)

7 AGE  
75 yrs. 5 mos. 3 ds. or min. I FLESS than  
 1 day hrs.

8 OCCUPATION  
 (a) Trade, profession or particular kind of work Farmer  
 (b) General nature of industry business, or establishment in which employed or (employer) None

9 BIRTHPLACE  
(State or country) Baldwin Md.

10 NAME OF FATHER J. Morris Baldwin

11 BIRTHPLACE OF FATHER  
(State or country) Baldwin Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Sarah E. Hanway

13 BIRTHPLACE OF MOTHER  
(State or Country) Hanford Co. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida G. Baldwin  
 (Address) Baldwin Md.

15 Filed July 1 1931 V. F. H. Gorsuch  
 Registrar

06755

82-a

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 40

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 29, 1931  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from May 15, 1931 to June 29, 1931  
 that I last saw him alive on June 29, 1931  
 and that death occurred on the date stated above, at 7:45 P.M.

The CAUSE OF DEATH \* was as follows:

Cerebral Hemorrhage  
(Apolysis)

(Duration) — yrs. — mos. 3 ds.

Contributory Secondary Arterio Sclerosis  
 (Duration) — yrs. — mos. — ds.

(Signed) Morris B. Green M. D.  
June 30 1931 (Address) Hamilton Baltimore Md.

\*State the cause causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
 At place of death yrs. mos. ds. In the State yrs. mos. ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Chestnut Grove DATE OF BURIAL July 3, 1931

20 UNDERTAKER Jno. E. Shadé ADDRESS J. Green Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (Retired 6 yrs.).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE (causing death) (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." **v. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)***

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JULY  
1950

BUREAU

N.B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## PLACE OF DEATH

County BaltimoreVillage or City Baltimore(131) Baltimore Spring Grove Hospital (Ward)06756 STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 3d

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

William E. Bell

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH

7 Feb 16, 1845  
(Month) (Day) (Year)

7 AGE

86 yrs. 3 mos. 27 ds. or min.?

If LESS than  
1 day ... hrs.  
or ... min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)9 BIRTHPLACE  
(State or country)10 NAME OF  
FATHER11 BIRTHPLACE  
OF FATHER

(State or country)

12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter C. Bell (Son)(Address) 2317 Zucker Ave

15 Filed

1923 W. Saratoga St., Baltimore  
Registra

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 13<sup>th</sup>, 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from  
May 2, 1931, to June 13, 1931,  
that I last saw him live on June 12, 1931,  
and that death occurred on the date stated above, at 8:54 A.M.  
The CAUSE OF DEATH \* was as follows:Ch. Inter. Hepatitis

(Duration) yrs. 1 mos. ds.

Contributory  
SecondaryPneumonia

(Duration) yrs. 1 mos. ds.

(Signed) Rosa E. Garrett M. D.  
June 13, 1931 (Address) Baltimore Md\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Patients or Recent Residents)

At place  
of death ... yrs. ... mos. ... ds.In the  
State ... yrs. ... mos. ... ds.Where was disease contracted,  
if not at place of death? In BaltimoreFormer or  
usual residence Baltimore Md19 PLACE OF BURIAL OR REMOVAL Baltimore DATE OF BURIAL June 15, 193120 UNDERTAKER Mrs. CokeADDRESS 1217 W. Paul

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (c) *Spinner*, (b) *Cotton mill*; (a) *Saleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitacum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds., *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anæmia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Convulsions*," "*Debility*" ("Congenital," "*Senile*," etc.), "*Drapsey*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Masasmus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *septis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a question answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

## PLACE OF DEATH

County

Baltimore

06757

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 49

Village or City Bengies (No.)

316  
(26)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Mary Benda

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Alabt

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

May 6

(Month) (Day) (Year)

7 AGE

69 yrs.

mos.

If LESS than  
1 day hrs.  
ds. or min.)

8 OCCUPATION

- (a) Trade, profession or particular kind of work
- (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

Austria

10 NAME OF  
FATHER

John Fuka

11 BIRTHPLACE  
OF FATHER  
(State or country)

Austria

12 MAIDEN NAME  
OF MOTHER

not known

13 BIRTHPLACE  
OF MOTHER  
(State or Country)

Austria

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Joseph Benda

(Address)

Bengies Md

15 Filed

June 7 1931 J. J. Cornely

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 5, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Nov. 1, 1928 to June 5, 1931.that I last saw her alive on June 4, 1931  
and that death occurred on the date stated above, at 7:45 A.M.  
The CAUSE OF DEATH \* was as follows:

*Defects in heart blood vessels*

*fall stone*

*overdose Grossweig*

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) 192 (Address) M. D.

\*State the disease causing death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place  
of death yrs. mos. ds.In the  
State yrs. mos. ds.Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Holy Redeemer June 8, 1931

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Hans Bracken 1906 Alton St.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (retired 6 yrs). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions unanswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

<sup>1</sup> PLACE OF DEATH  
County Baltimore

Village or City Ridgely (No. 50)

<sup>2</sup>FULL NAME Hillian Goldstone Brew

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (Write the word)
---------------------	------------------------------	---

6 DATE OF BIRTH

May 10, 1874  
(Month) (Day) (Year)

7 AGE

57 yrs. 1 mos. 11 ds. or min. ?  
IF LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work Secretarial
- (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

Quebec, Canada

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER  
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed June 23 1931 22 Reg'd.

06758 STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 62

St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 21, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Oct 20 1930 to June 21, 1931

that I last saw her alive on June 21, 1931.

and that death occurred on the date stated above, at 1 P.M.

The CAUSE OF DEATH \* was as follows:

Carcinoma of breast in  
General Carcinomatosis

(Duration) 9 mos. ds.

Contributory  
Secondary

Myocardial drop off  
(Duration) 2 mos. ds.

(Signed) B.B. Brumback, M.D.  
June 21, 1931 (Address) Elmridge, Md.

\*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Greenmount Cemetery June 22, 1931

20 UNDERTAKER

Penny Jenkins also Orchard  
Galloway

DATE OF BURIAL

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worker on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Cook* <sup>mine</sup>, etc. Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, <sup>mine</sup> *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

JUL 1 1931

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbon acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *celitus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Baltimore

Village or City

Catoctinville Spring Grove Hospital

06759 STATE OF MARYLAND

CERTIFICATE OF DEATH

107a

Registration Dist. No.

30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Charles Bolek

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male	white	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
------	-------	--

Divorced

6 DATE OF BIRTH

Oct. 28, 1892  
(Month) (Day) (Year)

7 AGE

38 yrs. 7 mos. 14 ds.  
If LESS than  
1 day .... hrs.  
or ..... min.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work  
mechanic  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE  
(State or country)

Maryland

10 NAME OF  
FATHER

John Bolek

11 BIRTHPLACE  
OF FATHER

(State or country) Bohemia

12 MAIDEN NAME  
OF MOTHER

Anna Mica

13 BIRTHPLACE  
OF MOTHER  
(State or Country)

Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

mrs Louis Mock  
(Address) 920 N. Monford Ave

15 Filed

6/12 1931  
P. C. Lachman  
Registrar

If more banks are needed, add more at State Registrar,

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 12, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from May 22, 1931 to June 12, 1931  
that I last saw him alive on June 11, 1931  
and that death occurred on the date stated above, at 9:30 A.M.  
The CAUSE OF DEATH \* was as follows:

Pneumonia  
(Duration) yrs. mos. 5 ds.

Contributory  
Secondary

Septic Condition  
(Duration) yrs. mos. 3 ds.

(Signed) Ross O'Garrett M. D.  
(Address) Catoctinville Md

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Patients  
or Recent Residents)

At place  
of death ..... yrs. .... mos. 20 ds.

In the State Md yrs. 7 mos. 14 ds.

Where was disease contracted,  
if not at place of death?

at place of death

Former or  
usual residence Baltimore

19 PLACE OF BURIAL OR REMOVAL

Holy Rosario

20 UNDERTAKER

Grover & Zwickler

DATE OF BURIAL

June 15, 1931

ADDRESS

1777 Eager St

6 W. Saratoga St., Balt., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stickney freeman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spiriter, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid) Housekeepers who receive a definite salary, may be entered as Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect

to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup");

*Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Dissolution" ("Congenital," "Senile," etc.), "Drepany," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *septis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

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**N. B.**—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S

## 1 PLACE OF DEATH

County Baltimore

06760

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 25Village or City Freeland (No.)

St. \_\_\_\_\_ Ward)

[If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.]

## 2 FULL NAME

Shill BarnBrooks

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male White

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word)Single

6 DATE OF BIRTH

June 22, 1931  
(Month) (Day) (Year)

7 AGE

1 yrs. .... mos. .... ds. If LESS than  
1 day, \_\_\_\_ hrs.  
OR \_\_\_\_ min. ?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed (or employer)none9 BIRTHPLACE  
(State or country)Maryland

PARENTS

10 NAME OF  
FATHERWm E. Brooks11 BIRTHPLACE  
OF FATHER  
(State or country)Maryland12 MAIDEN NAME  
OF MOTHERLottie M. Clark13 BIRTHPLACE  
OF MOTHER  
(State or country)Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

William C. Brooks

(Address)

Freeland R.D. #2

15

Filed June 22, 1931Samuel S. Miller

20 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 22, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

June 22, 1931, to June 22, 1931,that I last saw him alive on June 22, 1931, and that death occurred on the date stated above, at 191 m.

The CAUSE OF DEATH is as follows:

Shill Barn  
(3 mo. Gestation)

(Duration) yrs. mos. ds.

Contributory

Secondary

(Duration) yrs. mos. ds.

(Signed)

J. Eagle  
June 22, 1931 (Address) New Freedom, Pa.

M. D.

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT  
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,  
SUICIDAL OR HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  
OR RECENT RESIDENTS)At place  
of death yrs. mos. ds.

In the

Where was disease contracted,  
If not at place of death?

State, yrs. mos. ds.

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Home

DATE OF BURIAL

June 22, 1931

20 UNDERTAKER

Wm E Brooks Freeland Md.

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *menin-*

ges

ges, peritonaeum, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . .  
(name origin; "Cancer" is less definite; avoid use of  
"Tumor" for malignant neoplasms); *Masculis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent affection need not be stated unless important.  
Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *celomas*) may be stated under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before this certificate is permanently filed.

BUREAU

## MARGIN RESERVED FOR BINDING

**N. B.** Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County.....

Baltimore

Village or City Stemmers Run

## 2 FULL NAME

Basie Brown

06761

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 44

St. \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

Col

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

April un, 1848

(Month)

(Day)

(Year)

7 AGE

83 yrs.

3 mos.

If LESS than  
1 day hrs.  
ds. or min.)

## 8 OCCUPATION

- (a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

Md

10 NAME OF FATHER

Basil Brown

11 BIRTHPLACE OF FATHER

Md.

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER  
(State or Country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Lydia Cole

(Address)

Stemmers Run

15

Filed June 27 1931

John G. Connally  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 24, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from June 1, 1931, to June 24, 1931, that I last saw him alive on June 24, 1931, and that death occurred on the date stated above, at 4 P.M. The CAUSE OF DEATH \* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 6 mos. ds.

Contributory Secondary

Gout

(Duration) yrs. mos. ds.

(Signed) M. D.

192 (Address)

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Stephens Lnty June 28, 1931

20 UNDERTAKER

Mrs. P.G. Elliott ADDRESS  
1725 Ashland Ave

**REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH**

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Unpublished, is inaccurate, a nomenclature of fungi, men, etc., of**  
..... (name origin; "Cancer" is less definite; avoid  
use of "Tumor" for malignant neoplasms); **Measles;**  
**Whooping cough;** **Chronic valvular heart disease;**  
**Chronic interstitial nephritis,** etc. The contributory  
(secondary or intercurrent) affection need not be  
stated unless important. Example: **Measles** (disease  
causing death), 29 d.; **Bronchopneumonia** (secondary),  
10 d. Never report mere symptoms or terminal condi-  
tions, such as "Asthenia," "Anaemia" (merely symptom-  
atic), "Atrophy," "Collapse," "Coma," "Convulsions,"  
"Debility" ("Congenital," "Senile," etc.), "Dropsey,"  
"Exhaustion," "Heart failure," "Haemorrhage,"  
"Inanition," "Marasmus," "Old Age," "Shock,"  
"Uraemia," "Weakness," etc., when a definite disease  
can be ascertained as the cause. Always qualify all  
diseases resulting from childbirth or miscarriage as  
"PUERPERAL septicemia," "PUERPERAL peritonitis," etc.  
State cause for which surgical operation was under-  
taken. FOR VIOLENT DEATHS state MEANS OF INJURY  
and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL,  
or as probably such, if impossible to determine definitely.  
Examples: **Accidental drowning;** *Struck by railway train—*  
**accident;** **Revolver wound of head—homicide;** *Poisoned by*  
*carbolic acid—probably suicide.* The nature of the injury,  
as fracture of skull, and consequences (e. g. *sepsis,*  
*tetanus*) may be stated under the head of "contributory."  
(Recommendations on statement of cause of death  
approved by Committee on Nomenclature of the  
American Medical Association.)

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

## MARGIN RESERVED FOR BINDING

**N.B.**--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore Co.

Village or City Halethorpe (No.)

2 FULL NAME Mrs Caroline Brown.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female.	4 COLOR OR RACE white	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed.
---------------	-----------------------	--

## 6 DATE OF BIRTH

November 13, 1848.  
(Month) (Day) (Year)

## 7 AGE

82 yrs. 7 mos. 6 ds. or min. 3  
If LESS than 1 day, hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work  
(b) General nature of industry business, or establishment in which employed or (employer)

None  
None

9 BIRTHPLACE  
(State or country)

Baltimore Co. Blk Hem

## 10 NAME OF FATHER

John Wolf.

11 BIRTHPLACE OF FATHER  
(State or country)

Germany.

## 12 MAIDEN NAME OF MOTHER

? Ellenger.

13 BIRTHPLACE OF MOTHER  
(State or Country)

Germany.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs B Brown

(Address) Halethorpe

15 Filed June 20 1931 G. L. Miller  
Registrar

06762

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 42

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

June 19, 1931  
(Month) Jun (Day) 19 (Year) '31

17 I HEREBY CERTIFY, That I attended the deceased from Jan 2, 1929, to June 19, 1931, that I last saw her alive on June 16, 1931, and that death occurred on the date stated above, at 11:50 A.M. The CAUSE OF DEATH \* was as follows:

Hypocarditis. -  
(Acute Cardiac failure).

Contributory Secondary Hypocarditis. -  
Cardio-Vascular Disease -  
Disease 10-15 yrs. -  
(Duration) mos. -  
(Duration) mos. -  
apoptic.

(Signed) June 19, 1931 (Address) M. D.

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
London Park June 22, 1931

20 UNDERTAKER ADDRESS  
Conrad Kueker & Son June 23, 1931

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a question answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

<sup>1</sup> PLACE OF DEATH  
County Baltimore

06763

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 42

Village or City English Consul (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

<sup>2</sup>FULL NAME August H. Bussman

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH

November 29, 1855  
(Month) (Day) (Year)

7 AGE

75 yrs. 6 mos. 12 ds. If LESS than

I day hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work None  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

Germany

10 NAME OF FATHER

Joseph H. Bussman

11 BIRTHPLACE OF FATHER  
(State or country)

Germany

12 MAIDEN NAME OF MOTHER

----- Jasper

13 BIRTHPLACE OF MOTHER  
(State or country)

Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Adleheid R. Bussman

(Address) Myrtle &amp; Tulip Avenues

15 Filed June 11, 1931 DeMolay  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 11

1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

June 11, 1931, to June 10, 1931,  
that I last saw him alive on June 10, 1931,and that death occurred on the date stated above, at 5 A.M.  
The CAUSE OF DEATH \* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

Contributory Chronic Intestinal Nephritis  
Secondary

(Duration) 5 yrs. mos. ds.

(Signed) M. D.

June 11, 1931 (Address) 2432 Carter Rd.

\*State the disease causing death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Philadelphia, Pa. DATE OF BURIAL

6/12, 1931

20 UNDERTAKER ADDRESS

Henry U. Mears &amp; Son, 805 W. Calvert

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

Via B. &amp; O. Railroad Escort - Mr. Pantaleon Hermann

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesitis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*, *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *telangiectasis*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is lost, thoroughly and a full question answered in detail, it will provide further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
BUREAU OF THE  
U. S. CENSUS

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should state EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH  
County

Baltimore

06764

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 144

Village or City

Sparrows Point

St. 1252 Halloway Road

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

still born infant Byroade

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH

June 20, 1931

(Month) (Day) (Year)

7 AGE

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lorna I. Byroade

(Address) Sparrows Point

15 Filed June 3, 1931 L. McFornier

Regist.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 21, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

192... to 192..., 192...

that I last saw h alive on , 192...,

and that death occurred on the date stated above, at , 192...,

The CAUSE OF DEATH \* was as follows:

still born infant

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) J. L. McFornier M. D.

June 3, 1931 (Address) Sparrows Point

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Sent to Johns Hopkins, 19

20 UNDERTAKER ADDRESS

Anatomical Laboratory

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Coccinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maramus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

1. WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 2. Every item of information should be carefully supplied. ACE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Baltimore

06765

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 30

107-a

Village or town

Catonsville, Spring Grove Hospital

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Oliver Canobea

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED.  
OR DIVORCED  
(Write the word)

endowed

6 DATE OF BIRTH

Feb. 20, 1868  
(Month) (Day) (Year)

7 AGE

63 yrs. 3 mos. 30 ds. or min?

If LESS than  
1 day hrs.  
or min?

## 8 OCCUPATION

- (a) Trade, profession or particular kind of work
- (b) General nature of industry business, or establishment in which employed or (employer)

Grocer

9 BIRTHPLACE

(State or country)

Md.

10 NAME OF FATHER

Oliver Canobea

11 BIRTHPLACE OF FATHER

(State or country)

Md

12 MAIDEN NAME OF MOTHER

Mary Allen

13 BIRTHPLACE OF MOTHER

(State or Country)

Pa

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Allen E. Canobea (Son)

(Address)

518 Harwood St

15 Filed

1931

Registrar

If more banks are needed, add at the Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 19, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb. 3, 1926, to June 19, 1931, that I last saw him alive on June 18, 1931, and that death occurred on the date stated above, at 420 P.M. The CAUSE OF DEATH \* was as follows:

Pneumonia

(Duration) yrs. mos. ds.

Contributory  
Secondary

Astro. Sclerotic Paroxysm

(Duration) yrs. mos. ds.

(Signed) Robt. E. Garrett M. D.  
June 19, 1931 (Address) Catonsville Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 5 yrs. 4 mos. 16 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death.

Former or usual residence At place of death  
Balto. Md.

19 PLACE OF BURIAL OR REMOVAL

Barkwood Cem 6/22, 1931

DATE OF BURIAL

20 UNDERTAKER

ADDRESS  
1247 Carroll St.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (c) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife, Housewife at home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housmaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoird use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Reckless wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	JUL 8 1931	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

06767

## 1. PLACE OF DEATH

County BaltimoreVillage or City Sparrows Point

94a

Registration Dist. No. 44St.  Ward Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? mos. ds.2. FULL NAME Andrew Cowan(a) Residence: No. 915 E. St.St.  Ward. 

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5a. If married, widowed, or divorced  
HUSBAND or (or) WIFE of Mary Grace Cowan

6. DATE OF BIRTH (month, day, and year) May 7, 1853.

7. AGE <u>78</u> Years	Months <u>1</u>	Days <u>11</u>	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Ship Joiner

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Delaware13. NAME James Cowan14. BIRTHPLACE (city or town)  
(State or country) N. Y.15. MADIOEN NAME Sarah Lloyd16. BIRTHPLACE (city or town)  
(State or country) Delaware17. INFORMANT Mary Cowan Ennis  
(Address) 915 E. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date June 20, 193119. UNDERTAKER Harry A. Witzke  
(Address) 4101 Edmondson Ave.20. FILED June 11, 1931 4101 Edmondson Ave.  
Registrar. W. J. McCormack

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 18(Month) June (Day) 18 (Year) 193122. I HEREBY CERTIFY, that I attended deceased from June 7, 1931 to June 18, 1931.I last saw him alive on June 17, 1931; death is said to have occurred on the date stated above, at 5:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic MyocarditisDate of report Unknown

Other Contributory Causes of importance

InfluenzaPneumonia14 hrs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Influenza Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Damon L. Farber M. D.  
(Address) Sparrows Point Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County, Baltimore

06768

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 32

Village or City

Pikeville (No. 2) Church Lane

St. \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Jessie Clarry Dagon

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

Female White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

## 6 DATE OF BIRTH

May 28, 1888  
(Month) (Day) (Year)

## 7 AGE

43 yrs. mos. 14 ds. or min.?

If LESS than  
1 day ... hrs.  
or ... min.?

## 8 OCCUPATION

- (a) Trade, profession or particular kind of work Housewife  
 (b) General nature of industry business, or establishment in which employed or (employer)

## 9 BIRTHPLACE

(State or country)

Maryland

## 10 NAME OF FATHER

John H. Clarry

## 11 BIRTHPLACE OF FATHER

(State or country)

Virginia

## 12 MAIDEN NAME OF MOTHER

Margaret Donaldson

## 13 BIRTHPLACE OF MOTHER

(State or country)

Canada

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

1 (Informant)

Dr. E. P. Dagon

## 15 (Address)

42 Church Lane Pikeville

Filed June 13 1931

E. E. Nichols  
Registrar

93-e

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

June 12, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Surreal Jones to June 12, 1931,  
that I last saw her alive on June 12, 1931, and that death occurred on the date stated above, at 5:15 P.M.  
The CAUSE OF DEATH \* was as follows:

Cerebral Embolism

Contributory (Duration) yrs. mos. ds.  
Secondary Chronic myocarditis

(Signed) E. E. Nichols (Duration) yrs. mos. ds.  
M. D. June 12, 1931 (Address) Pikeville, Ky.

\* State the disease causing death, or, in deaths from violent causes, state (1) means of injury and (2) whether accidental, suicidal or homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

New Cathedral

DATE OF BURIAL  
June 14, 1931

## 20 UNDERTAKER

Horace F. Burgee

ADDRESS  
3631 Falls Rd  
Baltimore

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pionier*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-sinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Masculitis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is ~~left~~ ~~over~~ thoroughly and all questions answered in detail, it will be given full credit. All the data is essential and must be furnished before the certificate is permanently filed.

181 M NOV 2 1914

RECEIVED  
RECORDED

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PRINT ONLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

## PLACE OF DEATH

County.....  
Baltimore

06769

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 38

Village or City Ruxton (No.)

2 FULL NAME Frederick Louis Detrick

St: \_\_\_\_\_ Ward: \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
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## 6 DATE OF BIRTH

April 21, 1889  
(Month) (Day) (Year)

## 7 AGE

42 yrs. 1 mos. 13 ds. or min?

If LESS than  
1 day hrs.  
or min?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Physician  
 (b) General nature of industry business, or establishment in which employed or (employer)

## 9 BIRTHPLACE

(State or country) New Market, Frederick Co. Md

## 10 NAME OF FATHER

John U. Detrick

Montgomery Co. Pa.

## 12 MAIDEN NAME OF MOTHER

Alice Dooney

New Market, Frederick Co. Md

13 BIRTHPLACE OF MOTHER

(State or Country)

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. M. D. Detrick

(Address) Ruxton Md

15 Filed June 4 1931 Offic P. Bulles

Detrick  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

June 3<sup>d</sup>, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from June 1931 to June 3<sup>d</sup>, 1931, that I last saw him alive on June 3<sup>d</sup>, 1931, and that death occurred on the date stated above, at 5:30 A.M. The CAUSE OF DEATH \* was as follows:

Coronary Occlusion

(Duration) yrs. mos. ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed)

Dr. M. Detrick

M. D.

June 3<sup>d</sup>, 1931 (Address) Ruxton, Md.

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

New Market, Frederick Co., Md. June 5, 1931

## 20 UNDERTAKER

Henry J. Jenkins Son &amp; McCulloch Orchards

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., *Farmer or Planter, Physician, Compositor, Archivist, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spiriter, (b) Cotton mill; (a) Salesman, (b) Grocery, (c) Foreman, (d) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e.g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked up for public use and all questions answered in detail, it will be of great value in correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MM 12 193?

RECEIVED

MARGIN RESERVED FOR BINDING

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

Village or City Catonsville (No. 87-Home)

06770  
STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 30

If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Louisa Deuchler

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word) Single

6 DATE OF BIRTH

April 5, 1859  
(Month) (Day) (Year)

7 AGE

72 yrs. 1 mos. 27 ds.

IF LESS than  
1 day, \_\_\_\_ hrs.  
OR \_\_\_\_ min. ?

8 OCCUPATION

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry business, or establishment to which employed (or employer)

Domestic

9 BIRTHPLACE  
(State or country)

Balt. Md

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER  
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER  
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amelia D. Unger

(Address) 1575 Ridgely St.

15

Filed 6/2 1931

31 Dept.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 2, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY. That I attended deceased from

June 1929 to June 2, 1931  
that I last saw her alive on June 1, 1931  
and that death occurred on the date stated above at 4 p.m.

The CAUSE OF DEATH \* was as follows:

Cerebral Hemorrhage

(Duration) 2 yrs. mos. ds.

Contributory  
Secondary

arteria sclerosis  
(Duration) yes no

(Signed) Marshall B. West  
June 2, 1931 (Address) Catonsville Md

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 7 yrs. - mos. - ds. In the State, 76 yrs.  
Where was disease contracted,

If not at place of death? no.

Former or usual residence no.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Glenwood Park June 4, 1931

20 UNDERTAKER ADDRESS

Mrs. John W. Tempel & Son 801 W. Fayette

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association.

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Collon mill*; (a) *Salesman*, (b) *traveler*; (a) *Foreman*, (b) *Automobile factory*. The material which can be used part of the second statement. Never return "Laborer," "Foreman," "Manager," etc., etc., without more precise specification as *Dock laborer*, *Farm laborer*, *Laborer*, *Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausfrau*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral spinal fever* (the only definite synonym is "Epidemic cerebro-

*Typhoid fever*" (which report "Typhoid pneumonia" "Lobar pneumonia" "Bronchopneumonia" ("Pneumonia" "influenza").

*ges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin), "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*, *Whooping cough*, *Chronic valvular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerperal septicæma," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*, *Struck by railway train—accident*, *Reactor wound of head—homicide*, *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory" (Recommendations on Statement of cause of death, approved by Committee on Nomenclature of the American Medical Association.)

This certificate is locked over thoroughly and will quite easily be answered in detail. It will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACS should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Baltimore

Village or City Alberton (No.)

## 2 FULL NAME

Israel W. Fank

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(With whom?)

6 DATE OF BIRTH

Feb. 18, 1869  
(Month) (Day) (Year)

7 AGE

62 yrs. 3 mos. 16 If LESS than  
1 day hrs.  
ds. or min.?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

WatchmanCotton Mills

## 9 BIRTHPLACE

(State or country)

Virginia

## 10 NAME OF FATHER

Michael S. Fank

## 11 BIRTHPLACE OF FATHER

(State or country)

Virginia

## 12 MAIDEN NAME OF MOTHER

Susan Lechler

## 13 BIRTHPLACE OF MOTHER

(State or Country)

Virginia

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Catherine Fank(Address) Alberton, Md.

## 15 Filed

June 5, 1931 Albert W. McKenzie  
Registrar

06771

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 31

(46)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 3, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

January 1, 1930 to June 3, 1931,  
that I last saw him alive on June 3, 1931,and that death occurred on the date stated above, at 8:45 P.M.

The CAUSE OF DEATH \* was as follows:

Carcinoma of the pancreas(Duration) 1 yrs. 6 mos. 0 daysContributory  
Secondary(Duration) yrs. mos. days(Signed) Alpha M. Herbert M. D.  
June 4, 1931 (Address) Ellicott City, Md.\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.Where was disease contracted,  
if not at place of death?Former or  
usual residenceIn the State yrs. mos. days

## 19 PLACE OF BURIAL OR REMOVAL

Good Shepherd Cemetery June 6, 1931  
DATE OF BURIAL

## 20 UNDERTAKER

Easton Son, Ellicott City  
ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*cerebrospinal fever* (the only definite synonym is "*Epidemic cerebro-spinal meningitis*"); *Diphtheria* (avoid use of "*Croup*"); *Typhoid fever* (never report "*Typhoid Pneumonia*"); *Lobar pneumonia*, *Bronchopneumonia* ("*Pneumonia*,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc. of . . . . . (name origin; "*Cancer*" is less definite; avoid use of "*Tumor*" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anæmia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*," ("*Congenital*," "*Senile*," etc.), "*Dropsey*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Masasmus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SURCIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

WRITE PLEASE WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N. B.--Every item of information should be carefully supplied. ACE should state EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County BaltimoreVillage or City Bentonville2 FULL NAME Eli Figgs

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 COLOR OR RACE white5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) widowed6 DATE OF BIRTH Sept. 25

(Month)

(Day)

(Year) 18807 AGE 80 yrs.If LESS than  
1 day \_\_\_\_ hrs.  
or \_\_\_\_ min.?8 mos.16 ds.

OCCUPATION

- (a) Trade, profession or particular kind of work
- (b) General nature of industry business, or establishment in which employed or (employer) Seaman

9 BIRTHPLACE  
(State or country) Md10 NAME OF  
FATHER Joseph Figgs.11 BIRTHPLACE  
OF FATHER  
(State or country) Md12 MAIDEN NAME  
OF MOTHER Mary Smith13 BIRTHPLACE  
OF MOTHER  
(State or Country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Ellen Messick(Address) Eastport Md.15 Filed 6/12/31

Registrar

66772

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 11, 1931(Month) June (Day) 11 (Year) 193117 I HEREBY CERTIFY, That I attended the deceased from Dec 31, 1928 to June 11, 1931, that I last saw him alive on June 10, 1931 and that death occurred on the date stated above, at 6 P.M.. The CAUSE OF DEATH \* was as follows:Chr. Myocarditis(Duration) 1 yrs. 0 mos. 0 ds.Contributory  
SecondaryChr. Inter. Nephritis(Duration) 1 yrs. 0 mos. 0 ds.(Signed) Rosa E. Garrett M. D.  
June 12, 1931 (Address) Baltimore Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Patients or Recent Residents)

At place of death 2 yrs. 6 mos. 8 ds. In the 85 yrs. 0 mos. 8 ds.Where was disease contracted, if not at place of death? In AnnapolisFormer or usual residence Annapolis Md.

19 PLACE OF BURIAL OR REMOVAL

Edwards Chapel A.A.C.O.

DATE OF BURIAL

June 12, 1931

20 UNDERTAKER

B. J. HoppingADDRESS  
Annapolis, Md.

**REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH**

(Approved by U. S. Census and American Public  
VI. VI. A. 11.)

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term enough. In the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Dock laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mosches*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *celitus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is ever thoroughly and all questions answered in detail, it will prevent further correspondence. All relevant data is enclosed and must be obtained before the certificate is permanent.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"); *Typhoid fever* (never report "Typhid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

## MARGIN RESERVED FOR BINDING

**T** WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1 PLACE OF DEATH**  
 County. Baltimore

Village or City Catonsville (No. 6 Montrose Ave.)

**2 FULL NAME** Frederick E. FOOS,

## PERSONAL AND STATISTICAL PARTICULARS

<b>3 SEX</b>	<b>4 COLOR OR RACE</b>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</b>
Male	White	Single (Write the word)

**6 DATE OF BIRTH**

September 12, 1858  
 (Month) (Day) (Year)

**7 AGE** 72 yrs. 9 mos. 14 ds. or min.  
 If LESS than 1 day.... hrs.

**8 OCCUPATION**  
 (a) Trade, profession or particular kind of work Candy Manufacturer  
 (b) General nature of industry business, or establishment in which employed or (employer)

**9 BIRTHPLACE**  
 (State or country) Baltimore Md.

**10 NAME OF FATHER** William Foos,

**11 BIRTHPLACE OF FATHER**  
 (State or country) Germany

**12 MAIDEN NAME OF MOTHER** Elizabeth Ohm,

**13 BIRTHPLACE OF MOTHER**  
 (State or country) Germany

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant)

Tom Henry

(Address)

6 Montrose St

**15 Filed** 6/27/31 **Regis.** Geo W Little

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baltimore, Requesting V. S. No. 1.

06773

STATE OF MARYLAND  
 CERTIFICATE OF DEATH

Registration Dist. No. 30

**St:** \_\_\_\_\_ **Ward:** \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH** JUN 26 1931, 192  
 (Month) (Day) (Year)

**17 I HEREBY CERTIFY**, That I attended the deceased from *Feb 27 1931* to *June 26, 1931*, that I last saw him alive on *June 26, 1931*, and that death occurred on the date stated above, at *510 p.m.*

The CAUSE OF DEATH \* was as follows:

*Pneumonia - Unresolved.  
 (Total)*

**Contributory Secondary** Prostate Malignancy of lung with pleural involvement  
 (Duration) yrs. mos. ds.

**(Signed)** J. M. Henney M. D.  
*6/27/31* (Address) *Baltimore, Md.*

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

**18 LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

**19 PLACE OF BURIAL OR REMOVAL**

Loudon Park JUN 29 1931

**20 UNDERTAKER**

Geo W Little ADDRESS 2700 EDMONDSON AVE.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative health, fulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return '*Laborer*', '*Foreman*', '*Manager*', '*Dealer*', etc., without more precise specification as *Dyer laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Former (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Coccidoma, Sarcoma, etc.*, of . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*", "*Anaemia*" (merely symptomatic), "*Atrophy*", "*Collapse*", "*Conoma*", "*Convulsions*", "*Debility*" ("*Congenital*", "*Senile*", etc.), "*Dropsy*", "*Exhaustion*", "*Heart failure*", "*Haemorrhage*", "*Inanition*", "*Marasmus*", "*Old Age*", "*Shock*", "*Uraemia*", "*Weakness*", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicæmia*", "*PUERPERAL peritonitis*", etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail it will prevent further correspondence. A full certificate is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

**N. B.** Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

Village or City Glencole (No.)

2 FULL NAME Elijah Dornan Gill Germain

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>widowed</u>
---------------------	------------------------------	---

6 DATE OF BIRTH

April 23, 1844  
(Month) (Day) (Year)

7 AGE

87 yrs. 1 mos. 18 ds. If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work asthme
- (b) General nature of industry business, or establishment in which employed or (employer) artis

9 BIRTHPLACE  
(State or country)

Maryland

Elsah P. Gill

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

Catherine P Dornan

13 BIRTHPLACE OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Wm Gorsuch

(Address)

Glencole Md

15 Filed

June 10, 1931

P. B. Benson MD  
Regtary Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

06774

92-a

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. City

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 10, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

192... to June 10, 1931

that I last saw him alive on June 8, 1931

and that death occurred on the date stated above, at 3 A.m.

The CAUSE OF DEATH \* was as follows:

artis Sclerotic

artis Encephalomy

(Duration) 2 yrs. 0 mos. 0 ds.

Contributory  
Secondary

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed)

P. B. Benson M. D.

June 10, 1931 (Address) Chestertown Md

\*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 0 yrs. 0 mos. 0 ds.

In the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Mr Carmel - Balt.

DATE OF BURIAL

June 12, 1931

20 UNDERTAKER

P. Macklin & Son

ADDRESS

White Hall Rd

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.,* *Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as *PUERPERAL septicemia, "PUERPERAL peritonitis," etc.* State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

~~MARGIN RESERVED FOR BINDING~~  
 WRITE PLAINLY, WITH NONFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. HERT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

## HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

## 1-PLACE OF DEATH

CITY OF BALTIMORE:

(No. 5910 Windsor Mill Rd ST., WARD)

## 2-FULL NAME

## (a) RESIDENCE NO.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed,  
or Divorced (write the word)5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than  
1 day.....hrs.  
or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or  
particular kind of work(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed

ENTRANCE

REGISTRATION

NUMBER

CHAMPSION JONES, M. D.

Registrar

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

## WARD

(If non-resident give city or town and State)

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

1931

I HEREBY CERTIFY, That I took charge of the  
remains described above, held an..... (Inquest, autopsy or inquiry)  
thereon and from the evidence obtained by said.....  
find that said deceased came to..... (Inquest, au-  
topsy or inquiry.)  
on the day stated above.

The CAUSE OF DEATH\* was as follows:

Central Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY  
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted  
if not at place of death?

Home

Did an operation precede death?

Date of

Was there an autopsy?

1931

What test confirmed diagnosis?

Poplar

(Signed) John J. Gilbride, M. D.

Coroner

(Address) 1931

\*State the Disease Causing Death, or in deaths from Violent Causes,  
state (1) Means and Nature of Injury, and (2) whether Accidental,  
Suicidal, or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-  
MOVAL Cemetery

DATE OF BURIAL

Malden Boston Mass

1931

20 UNDERTAKER

ADDRESS

HCB Branning Son

Poplar

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive Engineer*, *Civil Engineer*, *Stationery Fireman*, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return *Laborer*, "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal Mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife*, *Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid the use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("pneumonia," unqualified, is indefinite); *Tuberculosis of the lungs, meninges, peritoneum*, etc.,

*Carcinoma*, *Sarcoma*, etc., of . . . . (name origin "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*, *chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.s.; *Broncho-pneumonia* (secondary), 10 d.s. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anæmia*," (merely symptomatic), "*Atrophy*," "*Col-lapse*," "*Coma*," "*Convulsions*," "*Debility*," ("*Con genital*," "*Senile*," etc.), "*Dropsey*," "*Exhaustion*," "*Heart Failure*," "*Hemorrhage*," "*Inanition*," "*Marasmus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "*Contributory*." Certificates will be returned for additional information which may give any of the following diseases, without explanation as the sole cause of death:

~~Abortus~~ ~~Emphysema~~ ~~Gangrene~~  
~~Celulitis~~ ~~Gastritis~~ ~~Peritonitis~~  
~~Chilblain~~ ~~Gastritis~~ ~~Phlebitis~~  
~~Convulsions~~ ~~Hemorrhage~~ ~~Pyemia~~  
~~Fistula~~ ~~Hemorrhage~~ ~~Septicemia~~  
~~Miscarriage~~ ~~Tetanus~~

The following must be referred to a Coroner:  
*Death due to accident* (if criminal negligence possibly involved): *Suicides*, *Homicides*, *Abortions* (*if induced*), whether death is directly or indirectly due to same.

## MARGIN RESERVED FOR BINDING

N. B. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Balto.Village or City Breezy Point (No.)

06776

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 44

185

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sonoma Belle Gillies

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED(Write the word)  
Singl

6 DATE OF BIRTH

Sept. 5th, 1924  
(Month) (Day) (Year)

7 AGE

6 yrs. 9 mos. 23 ds. or min.?

If LESS than

1 day hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

Schoolgirl

9 BIRTHPLACE

(State or country)

michigan

10 NAME OF FATHER

Donald F. Gillies

11 BIRTHPLACE OF FATHER

(State or country)

michigan

12 MAIDEN NAME OF MOTHER

Ruth Oliver

13 BIRTHPLACE OF MOTHER

(State or Country)

New Jersey

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Donald F. Gillies(Address) Hoodwood Drive Essex15 Filed July 1st 1931 John G. Connally  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 28 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
192... to 192...  
that I last saw h alive on

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH \* was as follows:

Accidental drowning

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) Jacob Dallman Corrers M. D.192... (Address) Stemmers Run Md\*State the Disease Causing Death, or, In deaths from  
Vital Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Oak Lawn

DATE OF BURIAL

July 2, 1931

20 UNDERTAKER

John G. Connally

ADDRESS

Essex

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL sepiacæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Baltimore

Village or City Mt. Wilson

Tuberculosis Sanatorium. Registration Dist. No. 32

STATE OF MARYLAND  
CERTIFICATE OF DEATH

2 FULL NAME Helen Goeb

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH

July 3, 1878  
(Month) (Day) (Year)

7 AGE

52 yrs. 11 mos. 8 ds. or min?

If LESS than  
1 day hrs.  
or min?

8 OCCUPATION  
 (a) Trade, profession or  
 particular kind of work Housewife  
 (b) General nature of industry  
 business, or establishment in  
 which employed or (employer)

9 BIRTHPLACE  
(State or country)

Baltimore, Md.

10 NAME OF  
FATHER

John Dauses

11 BIRTHPLACE  
OF FATHER

(State or country)

Germany

12 MAIDEN NAME  
OF MOTHER

?

13 BIRTHPLACE  
OF MOTHER

(State or country)

?

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Schuerholz

(Address) Mount Wilson, Md.

15 Filed June 12 1931 E. Schuerholz  
Registrar(If death occurred in  
a hospital or institution,  
give its NAME instead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 11, 1923

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from April 6th, 1923, to June 11, 1923,

that I last saw her alive on June 11, 1923, and that death occurred on the date stated above, at 10:10 P.M. The CAUSE OF DEATH \* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 1 mos. ? ds.

Contributory  
Secondary

Diabetes Mellitus

(Duration) 0 yrs. 11 mos. ? ds.

(Signed)

John A. Smith

M. D.

June 11, 1923 (Address) Mount Wilson

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 0 yrs. 2 mos. 5 ds. In the State 52 yrs. 11 mos. 8 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 704 S. Bouldin St., Balto., Md.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Sacred Heart Cemetery, 1931

20 UNDERTAKER

Lilly &amp; Gilda Orr ADDRESS 405 S. Saratoga St.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"; *Diphtheria* avoid use of "Croup"; *Typhoid fever* never report "Typhoid Pneumonia"; *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seizure," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning, Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
JUL 8 1931

## MARGIN RESERVED FOR BINDING

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## PLACE OF DEATH,

County BaltimoreVillage or City Towson (No.)2 FULL NAME Herman E. Hall

06778

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 38

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCEDSingle  
(Write the word)

6 DATE OF BIRTH

Oct.19, 1904

(Month)

(Day)

(Year)

7 AGE

27yrs. 7mos. 26If LESS than  
1 day ... hrs.  
ds. or ... min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)Hostler

9 BIRTHPLACE

(State or country)

Virginia10 NAME OF  
FATHEREdward J. Hall11 BIRTHPLACE  
OF FATHER

(State or country)

Virginia12 MAIDEN NAME  
OF MOTHERCatharine Dever13 BIRTHPLACE  
OF MOTHER

(State or Country)

Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mable Farlow(Address) Plains P. O.15 Filed June 14 1931Mr. P. Butler  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 14, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
192 ... to ... 192 ...that I last saw h ..... alive on ..... , 192 ...,  
and that death occurred on the date stated above, at .....

The CAUSE OF DEATH \* was as follows:

Suicide by hanging  
Strangulation

(Duration) .... yrs. .... mos. .... ds.

Contributory  
Secondary(Signed) W. P. Butler (Coroner) M. D.(Date) June 14, 1931 (Address) Towson, Md.\*State the Disease, Cause of Death, or, in deaths from  
Violent Causes, state (1) Manner of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos.

Where was disease contracted,  
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL The Plainsfield DATE OF BURIAL June 16, 193120 UNDERTAKER John Burns SonsADDRESS Towson, Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mining, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

JUL 6 1931

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite & avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drepany," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæma," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e.g., *scrosis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions unanswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLEASE WITH UNFADING INK--THIS IS A PERMANENT RECORD

## PLACE OF DEATH

County Balto.

06779

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 44Village or City Essey (No.)Marilyn Ave.

St. \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

John R. Hartley

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCEDSingle  
(Write the word)

6 DATE OF BIRTH

Jan 27, 1864

(Month) (Day) (Year)

7 AGE

67 yrs. 4 mos. 17 ds. If LESS than  
1 day hrs. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work  
(b) General nature of industry business, or establishment in which employed or (employer)

Retired9 BIRTHPLACE  
(State or country)Hanford Co.

10 NAME OF FATHER

John R. Hartley

11 BIRTHPLACE OF FATHER

(State or country)

Md.

12 MAIDEN NAME OF MOTHER

Martha G. (Seward)

13 BIRTHPLACE OF MOTHER

(State or Country)

Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

James C. Hartley

(Address)

Marilyn Ave.

15

Filed June 16 1931 John G. Connally  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 17 th, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
192... to 192...

that I last saw h alive on 192..., 192...

and that death occurred on the date stated above, at 11:50 A.M.  
The CAUSE OF DEATH \* was as follows:Chronic Myocarditis

. (Duration) yrs. 6 mos. ds.

Contributory  
Secondary

. (Duration) yrs. mos. ds.

(Signed) J. White M. D.June 15 1931 (Address) Essey, Md.\* State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Greenmount

DATE OF BURIAL

6/16/1931

20 UNDERTAKER

John G. Connally

ADDRESS

Essey

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

D. White

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc. Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

**W**RITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Baltimore

## 06780 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 31

Village or City Mt. Wilson

Mt. Wilson Branch, Md.

(No.) Tuberculosis Sanatorium

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME May V. Hastings

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Single

## 6 DATE OF BIRTH

December 23rd, 1891  
(Month) (Day) (Year)

## 7 AGE

39 yrs. 6 mos. 6 ds. or min.

If LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work School Teacher  
 (b) General nature of industry business, or establishment in which employed or (employer).....

## 9 BIRTHPLACE

(State or country) Berlin, Worcester Co., Md

## 10 NAME OF FATHER

Samuel J. Hastings

## 11 BIRTHPLACE OF FATHER

(State or country) Maryland

## 12 MAIDEN NAME OF MOTHER

Sarah Ennis

## 13 BIRTHPLACE OF MOTHER

(State or Country) Maryland

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis R. Schuerholz

(Address) Mt. Wilson, Maryland.

## 15 Filed

July 29 1931 E. H. Hobart

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 29th, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from July 14th, 1929 to June 29th, 1931.  
 that I last saw her alive on June 29th, 1931.  
 and that death occurred on the date stated above, at 8.59 A.M.  
 The CAUSE OF DEATH \* was as follows:

Pulmonary Tuberculosis

Contributory Secondary

Laryngeal Tuberculosis.

(Duration) 3 yrs. 5 mos. ? ds.  
 (Signed) John A. Smith M. D.  
 (Address) Mt. Wilson, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place 1 yrs. 11 mos. 15 ds. In the State 39 yrs. 6 mos. 6 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Berlin, Maryland.

## 19 PLACE OF BURIAL OR REMOVAL

Buckingham

## 20 UNDERTAKER

J.W. Burbage

## DATE OF BURIAL

July 1, 1931

ADDRESS  
Berlin Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tephritis*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should state EXACTLY, PHYSICALS, CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County... *Baltimore*

Village or City *Edgemere* (No. ....)

Registration Dist. No. *4*

2 FULL NAME *Hugh Tammie Hicks*

STATE OF MARYLAND  
CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <i>Male</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>	
6 DATE OF BIRTH <i>June 25<sup>th</sup></i>		(Month) <i>June</i>	(Day) <i>25</i>
		(Year) <i>1931</i>	
7 AGE <i>— yrs. — mos. — ds. or — min.</i>	If less than 1 day hrs.		

8 OCCUPATION  
 (a) Trade, profession or particular kind of work *—*  
 (b) General nature of industry business, or establishment in which employed or (employer) *—*

9 BIRTHPLACE  
(State or country) *Md.*

10 NAME OF FATHER *Hugh Hicks*  
 11 BIRTHPLACE OF FATHER *Kentucky*  
 (State or country)  
 12 MAIDEN NAME OF MOTHER *Ruth Grimm*  
 13 BIRTHPLACE OF MOTHER *Md.*  
 (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Ruth Hicks*  
 (Address) *Edgemere*

15 Filed *June 26 1931* by *G. McCormick*  
 Registrar

06781

STATE OF MARYLAND  
CERTIFICATE OF DEATH

16 DATE OF DEATH *June 25*, 1923  
 (Month) *June* (Day) *25* (Year) *1923*

17 I HEREBY CERTIFY, That I attended the deceased from *192* to *192*,

that I last saw h. alive on *192*,

and that death occurred on the date stated above, at *11:30 P.M.*

The CAUSE OF DEATH \* was as follows:

*Hugh Hicks*  
*Still born infant*  
*(3 mos.)*

(Duration) *— yrs. — mos. — ds.*

Contributory  
Secondary  
 (Signed) *G. McCormick* (Duration) *— yrs. — mos. — ds.*  
 M. D.  
 June 26 1931 (Address) *Spannerson*

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Institutions or Recent Residents)

At place of death *— yrs. — mos. — ds.* In the State *— yrs. — mos. — ds.*

Where was disease contracted, if not at place of death *— yrs. — mos. — ds.*

Former or usual residence *— yrs. — mos. — ds.*

19 PLACE OF BURIAL OR REMOVAL *Johns Hopkins*, 19 DATE OF BURIAL

20 UNDERTAKER *Medical Laboratory* ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer Laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

JULY  
BUREAU V. S.

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondar' or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom- atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

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## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County BaltimoreVillage or City Baltimore (No.)2 FULL NAME Frank Willard Hoen

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 COLOR OR RACE white5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Married6 DATE OF BIRTH April 24, 1885

(Month)

(Day)

(Year)

7 AGE 46 yrs.

If LESS than

1 day hrs.  
or min.)1 mos. 25 ds.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Sawyer(b) General nature of industry business, or establishment in which employed or (employer) 

9 BIRTHPLACE

(State or country) Maryland

## PARENTS

10 NAME OF FATHER Frank M Hoen11 BIRTHPLACE OF FATHER (State or country) Maryland12 MAIDEN NAME OF MOTHER Silv Hyde13 BIRTHPLACE OF MOTHER (State or Country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Frank J Hoen(Address) Glyncoan Md15 Filed June 21 1931 2800 Seade

Registrar

06782

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 33

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 20, 1931(Month) July (Day) 20 (Year) 193117 I HEREBY CERTIFY, That I attended the deceased from June 20, 1931 to June 20, 1931, that I last saw him alive on June 20, 1931.and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH \* was as follows:

Excessive exertion stroke(Duration) 1 yr. 1 mos. 1 de.

## Contributory Secondary

(Duration) 1 yr. 1 mos. 1 de.(Signed) J. F. Ehrman (Address) 627 1/2 1920 Baltimore Md.

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Daniel Judge Cemetery June 23 1931

20 UNDERTAKER

J. F. Ehrman Residential

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-signal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia");

unqualified, is indefinite); *Tuberculosis of lungs, menses, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

**N.B.** Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

Village or City Pikesville Rd No. 6

2 FULL NAME Henry Hoffmeister

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male4 COLOR OR RACE white5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)  
widowed6 DATE OF BIRTH Mar 20th

(Month)

(Day)

(Year) 18647 AGE 67 yrs. 3 mos. 5 ds.If LESS than  
1 day hrs.  
or min.?8 OCCUPATION  
(a) Trade, profession or  
particular kind of work Gardener  
(b) General nature of industry  
business, or establishment in  
which employed or (employer) John Hoffmeister9 BIRTHPLACE  
(State or country) Germany10 NAME OF  
FATHER John Hoffmeister11 BIRTHPLACE  
OF FATHER  
(State or country) Germany12 MAIDEN NAME  
OF MOTHER Katie Timmell13 BIRTHPLACE  
OF MOTHER  
(State or Country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alexander Nichols(Address) Pikesville Md15 Filed June 26 1931 E. E. Nichols  
Registrar

06783

93-C

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 32St. \_\_\_\_\_ Ward) (if death occurred in  
a hospital or institution, give its NAME instead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 25th(Month) June (Day) 25 (Year) 192317 I HEREBY CERTIFY, That I attended the deceased from  
Severn Pines 192... to June 25, 192...  
that I last saw him alive on June 24, 192...  
and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH \* was as follows:

Heart disease (Myocarditis)Contributory ? Bronchial asthma  
Secondary(Duration) 20 yrs. mos. 0 ds.  
(Signed) E. E. Nichols M. D.  
(Address) Pikesville Md\*State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death years months days. In the State years months days.Where was disease contracted,  
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Saint Joseph DATE OF BURIAL June 26 192320 UNDERTAKER H. Marshall ADDRESS 3539 Carroll Rd

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary); may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation, whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING  
WRITE PRINT WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.--Every item of information should be carefully supplied. ACE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH  
County

Baltimore

Village or City

Wise and Spawburst

06784

STATE OF MARYLAND  
CERTIFICATE OF DEATH

(159)

Registration Dist. No. 111

2 FULL NAME

Henry Haas

St.

Ward

(if death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Male

white

Single

6 DATE OF BIRTH

April 3<sup>d</sup>, 1931

(Month)

(Day)

(Year)

7 AGE

yrs.

2

mos.

If LESS than  
1 day hrs.  
or min.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)

none

9 BIRTHPLACE

(State or country)

Md

10 NAME OF  
FATHER

Samuel Haas

11 BIRTHPLACE  
OF FATHER

(State or country)

Russia

12 MAIDEN NAME  
OF MOTHER

Katherine Martin

13 BIRTHPLACE  
OF MOTHER

(State or Country)

Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Katie Haas

(Address)

Wise and

15

Filed

June 30

1923

L. H. McCloskey

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 3<sup>d</sup>

1931

1931

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Apr 3<sup>d</sup>, 1923<sup>d</sup>, to June 3<sup>d</sup>, 1931,that I last saw h im alive on June 2<sup>d</sup>, 1931,

and that death occurred on the date stated above, at 3 a.m.

The CAUSE OF DEATH \* was as follows:

Lack of development.  
Malnutrition

(Duration) yrs. mos. ds.

Contributory  
Secondary

Premature birth (7 lbs)

(Signed) G. H. McCloskey (Address) M. D.

June 3, 1931

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place  
of death yrs. mos. ds.In the  
State yrs. mos. ds.Where was disease contracted,  
if not at place of dec'd.Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Sacred Heart of Mary

DATE OF BURIAL

June 30, 1931

20 UNDERTAKER

John M. Weber

ADDRESS

Balto

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "*Epidemic cerebro-spinal meningitis*"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "*Typhoid Pneumonia*"); *Lobar pneumonia, Bronchopneumonia* ("*Pneumonia*,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia, " "Anemia*" (merely symptom- atic), "*Atrophy, " "Collapse, " "Convulsions, " "Debility*" ("Congenital," "Senile," etc.), "*Dropsey, " "Exhaustion, " "Heart failure, " "Haemorrhage, " "Inanition, " "Marasmus, " "Old Age, " "Shock, " "Uraemia, " "Weakness, " etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicemia, " "PUERPERAL peritonitis, " etc.* State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sensit, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)**

If this certificate is looked over thoroughly and all questions answered satisfactorily, it will be sent to the correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

M 12 1981



# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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If this certificate is filled out thoroughly and all questions answered in detail, it will save further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

06786

93-003 County Hospital

## HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH 93-e

## 1—PLACE OF DEATH

CITY OF BALTIMORE: No.

Slewinkle  
Co. 6306 Barbary Rd.

ST.

WARD)

REGISTERED NO. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2—FULL NAME

Martin Luther Degenfritz

## (a) RESIDENCE NO. 6306 Barbary Rd.

(Usual place of abode)

ST., WARD

County

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male White Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth M. Degenfritz

6 DATE OF BIRTH (month, day, and year) June 24, 1888

7 AGE Years Months Days If LESS than 1 day hrs. or min. 72 11 28

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired R.R. Conductor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Pennsylvania P. R.

9 BIRTHPLACE (city or town), (State or country) Bell Rock Pa.

## 10 NAME OF FATHER Martin Degenfritz

11 BIRTHPLACE OF FATHER (city or town), (State or country) Maryland

## 12 MAIDEN NAME OF MOTHER Mary Hebb

13 BIRTHPLACE OF MOTHER (city or town), (State or country) Penn.

14 Informant Elizabeth Degenfritz  
(Address) 6306 Barbary Rd.

15

Filed C. H. H. JONES, Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-21-31

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to June 21, 1931, that I last saw him alive on June 21, 1931, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH\* was as follows:

Myocarditis

Atrial fibrillation

Cerebral embolus

CONTRIBUTORY (Secondary) Semilits (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Herman G. Vogt, M. D.

, 19 (Address) 1506 Harford Rd.

\*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

## 19 PLACE OF BURIAL, CREMATION OR REMOVAL

Parkwood Cem.

## DATE OF BURIAL

June 24, 1931

## 20 UNDERTAKER

L. J. Ruck

## ADDRESS

6403 Delton Ave.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Assn.]

## CATE OF DEATH

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of work and also (b), the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary) may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

**Statement of Cause of Death.**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Group"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . (name origin

ADDITIONAL SPACE FOR FURTHER STATEMENTS

BY PHYSICIAN

"Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important.

Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marsasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.



## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1<sup>st</sup> PLACE OF DEATH  
County Baltimore

Village or City Cockeysville Rd Md (No.)

2<sup>nd</sup> FULL NAME Jean Sorena Jackson

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) Wedowed

6 DATE OF BIRTH

Jan 24, 1845  
(Month) (Day) (Year)

7 AGE

66 yrs. 5 mos. 3 ds. If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Hair-work  
(b) General nature of industry business, or establishment in which employed or (employer) In lecture

9 BIRTHPLACE  
(State or country)

Maryland

10 NAME OF FATHER

George Alfbury

11 BIRTHPLACE OF FATHER  
(State or country)

Maryland

12 MAIDEN NAME OF MOTHER

Jean Gill

13 BIRTHPLACE OF MOTHER  
(State or Country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Jean Sorena Gill  
Glyndon Rd Md

15 Filed

Jun 29 1981 B B Berry  
deputy Registrar

06787

(956)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 37

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 24, 1981  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

June 22 1981 to June 26 1981,  
that I last saw her alive on June 26 1981,

and that death occurred on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH \* was as follows:

Obstruction of heart

(Duration) yrs. mos. ds.

Contributory  
Secondary

Arteritis of lungs

(Duration) yrs. mos. ds.

(Signed)

Dawn M. Personon M. D.  
Jun 27 1981 (Address) Saratoga St. Balt. Md

\* State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St Paul

DATE OF BURIAL

June 29 1981

20 UNDERTAKER

W C Burton

ADDRESS

Spanier

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worker on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the primary DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Group"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Soreroma*, etc., of . . . . . name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary, or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, *or as probably such, if impossible to determine definitely.* Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a question answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	JUL 6 1931	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU U. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923
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Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

## 1 PLACE OF DEATH

County. Baltimore.

317

06789

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 44

Village or City Colgate (No.)

Eastern Ave., Rd.

St.

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Laura V. Jones

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE,

MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

Apr. 26

(Month)

(Day)

(Year) 1865

7 AGE

66 yrs.

1 mos.

17 ds.

If LESS than  
1 day..... hrs.  
or..... min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work

Housewife

(b) General nature of industry  
business, or establishment in  
which employed or (employer)

At Home

9 BIRTHPLACE

(State or country)

Harford Co. Md.

10 NAME OF  
FATHER

John Greenland

11 BIRTHPLACE  
OF FATHER

(State or country)

Maryland

12 MAIDEN NAME  
OF MOTHER

Anna Cullen

13 BIRTHPLACE  
OF MOTHER  
(State or Country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Burj. F. Jones

(Address) Eastern Ave., Colgate

15 Filed June 10, 1931 John G. Connolly  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 7<sup>th</sup>, 1931

(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended the deceased from  
June 7<sup>th</sup> - 31, 8 am 192... to, 12-30, 192...that I last saw her alive on June 7<sup>th</sup>, 1921.

and that death occurred on the date stated above, at 2.50 P.m.

The CAUSE OF DEATH \* was as follows:

Coronary Thrombosis

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) Caleb N. Athey M. D.

June 9<sup>th</sup>, 1931 (Address) 100 S Patterson Park Ave\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Oak Lawn Cemetery

DATE OF BURIAL  
6/10/1931

20 UNDERTAKER

John G. Connolly

ADDRESS  
Essex

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

Mr. Athey

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (c) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as ".PUERPERAL septicemia," ".PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

Village or City Randallstown (No.)

2 FULL NAME Thomas Jones

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>Colored</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>MARRIED</u>
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6 DATE OF BIRTH

April 19, 1908  
(Month) (Day) (Year)

7 AGE

23 yrs. 2 mos. 19 ds. If LESS than  
1 day \_\_\_\_ hrs.  
or \_\_\_\_ min.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work  
Employer  
(b) General nature of industry  
business, or establishment in  
which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE  
(State or country)

Baltimore Md

10 NAME OF  
FATHER

Lester Jones

11 BIRTHPLACE  
OF FATHER  
(State or country)

Virginia

12 MAIDEN NAME  
OF MOTHER

Addie Canada

13 BIRTHPLACE  
OF MOTHER  
(State or Country)

Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth White (Aunt)

(Address) 1523 W Saratoga St Baltimore

15 Filed 6/28/1921 By Reg. B. B. J. Registrar

06790 STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 3

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in  
a hospital or institution, give its NAME in-  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 28, 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
192 \_\_\_\_ to \_\_\_\_ 192 \_\_\_\_

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 192 \_\_\_\_

and that death occurred on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH \* was as follows:

Fracture of CERVICAL VERTEBRAE

Fracture of CLAVICLE & Scapula

Accidental - (Automobile)

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory  
Secondary

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) Hubert H. Starker Coroner M.D.  
\_\_\_\_\_, 1921 (Address) Randallstown Md

\* State the disease causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL

Mt Auburn Cemetery Balto  
Md

20 UNDERTAKER

Mas KALIE R WILLIAMS

DATE OF BURIAL

June 31, 1921

ADDRESS

322 N SCHROEDER

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia";

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Canceroma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICAL STATE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

Village or City Swan Point (No. ....)

2 FULL NAME William Kall

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)
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6 DATE OF BIRTH Nov 28

(Month) (Day) (Year)

7 AGE 30 yrs. 7 mos. 23 ds. If LESS than  
1 day, hrs. or min.?

8 OCCUPATION  
(a) Trade, profession or particular kind of work Chefure  
(b) General nature of industry business, or establishment in which employed or (employer) Union Renderers & Co

9 BIRTHPLACE  
(State or country) MD

10 NAME OF FATHER John Kall

11 BIRTHPLACE OF FATHER  
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Hammerbrey

13 BIRTHPLACE OF MOTHER  
(State or Country) Catherine. Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas L High

(Address) 2691 Mulberry St Atg

15 Filed Jan 22 1923 by W. J. Fernie M.D.  
Registrar

06791 STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

(183)

Rio Sparrows Rd

St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 21, 1921  
(Month) 21 (Day) 1921 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192,

that I last saw h ..... alive on .....

and that death occurred on the date stated above, at .....

The CAUSE OF DEATH \* was as follows:

Accidental drowning

(Duration) ..... yrs. .... mos. .... ds.

Contributory  
Secondary

(Duration) ..... yrs. .... mos. .... ds.

(Signed) Thomas R Brauner acting Coroner

June 22 1921 (Address) Rio Sparrows Rd

\*State the Disease Causing Death, or, in death from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL New Cathedral DATE OF BURIAL 6/22/21, 1921

20 UNDERTAKER Harry J. Witzke ADDRESS Elmwood Ave

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *teknus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH 06792

38

## 1. PLACE OF DEATH

County Baltimore  
 Village or City Stowleigh

Length of residence in city or town where death occurred — yrs. 4 mos. — ds. How long in U.S. if of foreign birth? yrs. — mos. ds.

## 2. FULL NAME

James Andrew Kelly  
 (a) Residence: No. 606 Hatherleigh Rd  
 (Usual place of abode)

Registration Dist. No.

No. 606 Hatherleigh Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## OCCUPATION

## 3. SEX

Male

## 4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)MARRIED

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Catherine Kelly

## 6. DATE OF BIRTH (month, day, and year)

7. AGE	Years <u>70</u>	Months <u>5</u>	Days <u>5</u>	If LESS than 1 day, — hrs. or — min.
--------	-----------------	-----------------	---------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Papermacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Papermill

10. Date deceased last worked at this occupation (month and year)

2/25/31

11. Total time (years) spent in this occupation

Lifetime

12. BIRTHPLACE (city or town)  
(State or country)

Rock City Falls  
New York

## MOTHER FATHER

13. NAME Alice Kelly

14. BIRTHPLACE (city or town)  
(State or country)

Ireland

15. MAIDEN NAME Mary Mc Hale

16. BIRTHPLACE (city or town)  
(State or country)

Belgium

17. INFORMANT Mari P. LaPorte

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New York Date June 8, 1931

19. UNDERTAKER John Cook

(Address) 1217 1/2 Paul St

20. FILED June 8, 1931

46

Registration Dist. No.

No. 606 Hatherleigh Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. — mos. — ds.

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June  
(Month)8  
(Day)1931  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

April 8, 1931 to June 8, 1931I last saw him alive on June 6, 1931; death is said to have occurred on the date stated above, at 11:35 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma Gastric

Date of onset

July

Other Contributory Causes of Importance:

Name of operation Exploratory laparotomy Date of June 7, 1931What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed)

M. D.

(Address) J. L. Kelly MD

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928	Other contributory causes of importance:	
		Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

**N.B.** Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Balto

Village or City Ledsville (No. ....)

2 FULL NAME Amelia Klueber

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
<u>Female</u>	<u>White</u>	<u>single</u>

6 DATE OF BIRTH  
April 18<sup>th</sup>, 1861  
(Month) (Day) (Year)

7 AGE  
70 yrs. 1 mos. 15 ds. If LESS than  
1 day hrs. or min.? \_\_\_\_\_

8 OCCUPATION  
(a) Trade, profession or  
particular kind of work  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)  
Retired

9 BIRTHPLACE  
(State or country) Germany

10 NAME OF  
FATHER August Klueber

11 BIRTHPLACE  
OF FATHER  
(State or country) Germany

12 MAIDEN NAME  
OF MOTHER S. Williams

13 BIRTHPLACE  
OF MOTHER  
(State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. J. Knecht  
(Address) Ledsville Md

15 Filed June 2 1931 Destin Knecht  
Registrar

06793 STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 42

St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 2, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Jan 1 - 1931 to June 2, 1931  
that I last saw her alive on June 1, 1931

and that death occurred on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH \* was as follows:

General Semiology  
Gastroenteritis  
Respiratory Inflammation  
Pulmonary Disease

Contributory  
Secondary Pulmonary Disease  
(Duration) 1 mo. 2 ds.

Contributory  
Secondary Pulmonary Disease  
(Duration) 1 mo. 2 ds.

(Signed) W.H.C. Knecht M. D.  
June 2, 1931 (Address) 217 Walnut

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence.

19 PLACE OF BURIAL OR REMOVAL Balto. Cemetery DATE OF BURIAL June 4, 1931

20 UNDERTAKER Fred Lassahn & Son ADDRESS 7401 Blair Rd

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "*Epidemic cerebro-spinal meningitis*") ; *Diphtheria* (avoid use of "*Group*"); *Typhoid fever* (never report "*Typhoid Pneumonia*"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

RECEIVED

JUL 1 1931

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "*Cancer*" is less definite; avoid use of "*Tumor*" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Congenital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Maraasmus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicemic*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "*contributory*." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

1. WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N. B. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
 County Balto

Village or City Roxburytown (No.)

2 FULL NAME Elizabeth a Kopf

06794

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 33

St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

92-70

M d

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>
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6 DATE OF BIRTH Hebt 1, 1892  
 (Month) (Day) (Year)

7 AGE 68 yrs. 9 mos. 13 ds. If LESS than  
 1 day \_\_\_\_ hrs.  
 or \_\_\_\_ min.?

8 OCCUPATION  
 (a) Trade, profession or particular kind of work House work  
 (b) General nature of industry business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE Pennia  
 (State or country) Unknown

10 NAME OF FATHER John Harrison

11 BIRTHPLACE OF FATHER Unknown  
 (State or country) Unknown

12 MAIDEN NAME OF MOTHER Leonard Kopf

13 BIRTHPLACE OF MOTHER Germany  
 (State or Country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Garrison Harrison

(Address) Roxburytown MD

15 Filed June 16 1921 15000 Bladys

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 13 1921, 1921  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from July 13 1921 to June 13 1921, that I last saw her alive on June 13 1921,

and that death occurred on the date stated above, at 3 a.m.. The CAUSE OF DEATH \* was as follows:

Motor car accident

(Duration) 3 yrs. mos. ds.

Contributory Secondary Anterior. Salaries

(Duration) 4 yrs. mos. ds.

(Signed) H. Hollander M. D. June 16 1921 (Address) Roxburytown

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Lacross Cemetery Roxburytown June 17 1921

20 UNDERTAKER ADDRESS

J. F. Edris & Son Roxburytown 1400

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations, a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

**A. P.** WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

66795

23  
38

## 1. PLACE OF DEATH

County Baltimore

Registration Dist. No. 9

Village or City EUDOWOOD SANATORIUM, TOWSON, MD.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. if of foreign birth? 40 yrs. mos. ds.

## 2. FULL NAME John Kraushaar

(a) Residence: No. 601 S Pulaski St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
-------------	------------------------	---

5a. If married, widowed, or divorced  
 HUSBAND of ~~or wife~~ Mamie F. Kraushaar.

6. DATE OF BIRTH (month, day, and year) April 4-1888  
 7. AGE Years Months Days If LESS than  
 43 3 25 1 day, hrs.  
 or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Electrician
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany  
 (State or country)

13. NAME Paul Kraushaar  
 14. BIRTHPLACE (city or town) Germany  
 (State or country)

15. MAIDEN NAME Elizabeth Kraus  
 16. BIRTHPLACE (city or town) Germany  
 (State or country)

## Hospital Records—Personal History

17. INFORMANT (Address) EUDOWOOD SANATORIUM, TOWSON, MD.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Longmeadow Park Date June 29 31  
 Date

19. UNDERTAKER George J. Schwalb  
 (Address) 2101 Frederick Ln.

20. FILED June 29, 1931

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH June 27, 1931

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from May 19, 1931, to June 27, 1931.

I last saw him alive on June 26, 1931; death is said to have occurred on the date stated above, at 6 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pneumonia Tuberculosis 1926

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W.A. Bridger

M. D.

(Address) Eudowood San., Towson, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

Date of onset

1921

*Cerebral hemorrhage*

Date of onset

July 5, 1927

Other contributory causes of importance:

*Gallstones*

Date of onset

May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

Date of onset

1 week ago

*Peritonitis*

Date of onset

3 days ago

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County

Balto.

Village or City Middleborough

## 2 FULL NAME

William Kuczinski

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED

(Write the word)

Informant

6 DATE OF BIRTH

June 21, 1890

(Month) (Day) (Year)

7 AGE

1 yrs.

mos.

If LESS than  
1 day hrs.

or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE

(State or country)

Balto. Md.

10 NAME OF  
FATHER

John A. Kuczinski

11 BIRTHPLACE

OF FATHER  
(State or country)

Balto. Md.

12 MAIDEN NAME

OF MOTHER

(State or Country)

madeline Lind

13 BIRTHPLACE

OF MOTHER

(State or Country)

Balto. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

John A. Kuczinski

(Address)

Middleborough

15

Filed June 17, 1921

Signed J. S. Connolly

Registrar

321

06796

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 44

St. Ward

(If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 17

1921

(Month) 17 (Day) 1921 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
June 3 1921 to June 17, 1921,  
that I last saw him alive on June 13, 1921,  
and that death occurred on the date stated above, at 9:15 a.m.  
The CAUSE OF DEATH \* was as follows:Conditions due to removal  
of the brain due to Systemic  
disease (Duration) yrs. mos. da.Contributory  
Secondary

(Duration) — yrs. mos. da.

(Signed) J. S. Connolly M. D.

June 17, 1921 (Address) 16 Middleborough

\*State the disease causing death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St. Stanislaus

DATE OF BURIAL 6/18, 1921

20 UNDERTAKER J. S. Connolly ADDRESS Essex

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia");

RECEIVED  
JUL 8 1931  
BUREAU OF THE CENSUS  
unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Dekility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

**T** WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Baltimore Co.Village or City Somers Point2 FULL NAME Edward M. Lenoir

06797

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 14

73-C

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
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6 DATE OF BIRTH <u>July</u>	7 (Month) <u>25</u>	8 (Day) <u>1869</u>
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7 AGE <u>61 yrs. 10 mos. 27 ds.</u>	If LESS than 1 day <u>hrs.</u>
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8 OCCUPATION <u>(a) Trade, profession or particular kind of work Tin Plate Worker</u>
<u>(b) General nature of industry business, or establishment in which employed or (employer) Bethlehem Steel Co</u>

9 BIRTHPLACE (State or country) <u>England</u>
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10 NAME OF FATHER <u>William Lenoir</u>
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11 BIRTHPLACE OF FATHER (State or country) <u>Wales England</u>
---

12 MAIDEN NAME OF MOTHER <u>Mary Allen</u>
--

13 BIRTHPLACE OF MOTHER (State or Country) <u>Wales England</u>
---

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE <u>True</u>
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(Informant) <u>John Thomas MD</u>
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Address) <u>Somers Point</u>
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15 Filed <u>June 22 1931</u> By <u>H. McCormick</u> Registrar
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## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 2, 193117 I HEREBY CERTIFY, That I attended the deceased from 192 to 192, (Month) (Day) (Year)

that I last saw h ..... alive on ..... , 192.....  
 and that death occurred on the date stated above, at 11:30 a.m.  
 The CAUSE OF DEATH \* was as follows:

Gastric myositis

(Duration) yrs. mos. ds.  
 Contributory Secondary Cordum expectation

(Duration) yrs. mos. ds.  
 (Signed) Edward M. McCormick (Address) Somers Point

\*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Cedar Lawn Cemetery DATE OF BURIAL June 24 1931

20 UNDERTAKER John Ulrich ADDRESS 2108 Orleans

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, menses, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

T S. No. 1  
 WRITE LAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS  
 should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of  
 OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Baltimore

06798

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 30

Village or City Catonsville (No. 638, Street North Bend Road)

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Nettie N. Lindamood

## PERSONAL AND STATISTICAL PARTICULARS

<u>3 SEX</u>	<u>4 COLOR OR RACE</u>	<u>5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)</u>
Female	White	Married

## 6 DATE OF BIRTH

November 6, 1877  
(Month) (Day) (Year)

<u>7 AGE</u>	If LESS than 1 day, <u>hrs.</u> OR <u>min. ?</u>		
53 yrs.	7 mos.	11 ds.	

## 8 OCCUPATION

(a) Trade, profession, or  
particular kind of work Housewife  
(b) General nature of industry  
business, or establishment in  
which employed (or employer) At Home

9 BIRTHPLACE  
(State or country) Harrisonburg, Va.

10 NAME OF  
FATHER William Gorden

11 BIRTHPLACE  
OF FATHER  
(State or country) Harrisonburg, Va.

12 MAIDEN NAME  
OF MOTHER Spicer

13 BIRTHPLACE  
OF MOTHER  
(State or country) Harrisonburg, Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Harold O. Gray  
638 North Bend Road  
(Address) Catonsville, Md.

15

Filed 9/19/31

H. H. Hydehead, Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 17, 1931  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 3, 1931 to June 17, 1931,  
that I last saw her alive on June 17, 1931,  
and that death occurred on the date stated above, at 12A.m.

The CAUSE OF DEATH \* was as follows:

Armenia

Contributory Chronic Arthritis  
Secondary

(Duration) 5 yrs. mos. 5 ds.  
(Signed) 6/17/31 (Address) 400 N. Payson St. M. O.

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT  
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,  
SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  
OR RECENT RESIDENTS)

At place of death yrs. mos. ds. Is the  
Where was disease contracted,  
If not at place of death?  
Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Loudon Park Cemetery

## DATE OF BURIAL

June 20, 1931

## 20 UNDERTAKER

Joe B. Cook

ADDRESS  
1003 West Baltimore St.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pianist*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmied*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *menin-*

*ges*, *peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Athensia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Urticaria," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OR INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should state EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County *Baltimore*Village or City *Notch Cliff* (No.)06799 STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *40**92a*St. *Ward* (If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME *Lester May Simplicia (Caroline Fink)*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Female</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>single</i>
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## 6 DATE OF BIRTH

*September 28th, 1946*  
(Month) (Day) (Year)

7 AGE *84 yrs. 9 mos. 4 ds. or min.* If LESS than  
I day hrs.

8 OCCUPATION  
 (a) Trade, profession or particular kind of work *Teacher*  
 (b) General nature of industry business, or establishment in which employed or (employer) *Elementary School*

9 BIRTHPLACE (State or country) *Germany*

10 NAME OF FATHER *Lawrence Fink*

11 BIRTHPLACE OF FATHER (State or country) *Germany*

12 MAIDEN NAME OF MOTHER *Walburga Lang*

13 BIRTHPLACE OF MOTHER (State or Country) *Germany*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Lester M. Clara*(Address) *Notch Cliff Maryland*15 Filed *6 25 1934 L. E. H. G. Registrar*

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

*January 24, 1931*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from *192* to *192*,  
that I last saw him alive on *January 24, 1931*, and that death occurred on the date stated above, at *192*.  
The CAUSE OF DEATH \* was as follows:

*Pulmonary Tuberculosis of the Lung*  
*Lower l. l.* (Duration) *yrs. mos. ds.*

Contributory Secondary  
*Hypertension* (Duration) *yrs. mos. ds.*  
(Signed) *John Green Jr.* M. D.

*6 24 1934* (Address) *Town Line Rd.*

\*State the disease causing death, or, in deaths from violent causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death *5 yrs. 5 mos. 1 ds.* In the State *7 yrs. 2 mos. 0 ds.*

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

*Notch Cliff, Md.* DATE OF BURIAL *January 24, 1931*

20 UNDERTAKER *Frank A. Fink* ADDRESS *915 N. Gay St.*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., *Farmer or Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manger," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer Retired 6 yrs.* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "*Epidemic cerebro-spinal meningitis*"); *Diphtheria* (avoid use of "*Croup*");

*Typhoid fever* (never report "*Typhoid Pneumonia*"); *Lobar pneumonia*, *Bronchopneumonia* ("*Pneumonia*,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "*Cancer*" is less definite; avoid use of "*Tumor*" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Congenital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Hæmorrhage*," "*Inanition*," "*Marastrus*," "*Old Age*," "*Shock*," "*Traëmia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicæmia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All this data is essential and must be obtained before the certificate is permanently filed.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1910
Cerebral hemorrhage	1921

Other contributory causes of importance:

Gallstones
May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Principal cause of death	Date of onset
Epilepsy	1 week ago
Hysteria by street car	1 week ago
Pneumonia	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH  
County Baltimore

Village or City Govans (No.) Bellona Avenue

06801

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 38

St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

<sup>124-7</sup>  
2 FULL NAME Margaret Malloly

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH  
--- --- --- , 1 ---  
(Month) (Day) (Year)

7 AGE About 70 yrs. -- mos. -- ds. or min.  
If LESS than 1 day hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work Practical Nurse  
(b) General nature of industry business, or establishment in which employed or (employer).

9 BIRTHPLACE (State or country) Ireland

10 NAME OF FATHER John Malloly

11 BIRTHPLACE OF FATHER Ireland

12 MAIDEN NAME OF MOTHER Catherine Hanley

13 BIRTHPLACE OF MOTHER Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mercy Villa Record

(Address) Govans Md.

15 Filed June 10 1931 Ophelia P. Bulles  
Reg. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 11, 1931

(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended the deceased from Mar. 20, 1931, to June 11, 1931,

that I last saw her alive on June 10, 1931,

and that death occurred on the date stated above, at

The CAUSE OF DEATH \* was as follows:

Hypertrophic Cardiitis of Lungs

Not known  
(Duration) yrs. mos. ds.

Contributory  
Secondary  
Gastric Gangrenous Enteritis  
(Duration) yrs. mos. ds.

Edward Smith  
(Signature) June 11, 1931 (Address) 920 St Paul St

\*State the disease causing death, or, in deaths from violent causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Cathedral Cemetery

20 UNDERTAKER Henry W. Myers &amp; Son

ADDRESS 805 W. Calvert

DATE OF BURIAL 6/13, 1931

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of occupation.**—Precise statement of occupation is very important so that the relative healthfulness of various pursuits may be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only not paid Housekeepers who receive a definite salary, may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.).* For persons who have no occupation whatever write *None.*

**Statement of Cause of Death.**—Name, first, the DISEASE causinG DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County... Baltimore

Village or City... Towson (No. Hillen Rd. &amp; Ridge Ave. St: \_\_\_\_\_ Ward)

06802

93-C

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME JOHN THOMAS McCORMICK

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
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## 6 DATE OF BIRTH

June 9th, 1855  
(Month) (Day) (Year)7 AGE  
75 yrs. 11 mos. 29 ds. or min.? If LESS than  
1 day hrs.

8 OCCUPATION  
 (a) Trade, profession or particular kind of work Retired.  
 (b) General nature of industry business, or establishment in which employed or (employer) Farmer

9 BIRTHPLACE  
(State or country) Balto. Co., Md.

10 NAME OF FATHER Wm. B. McCormick

11 BIRTHPLACE OF FATHER Ireland  
(State or country)

12 MAIDEN NAME OF MOTHER Jane Craig

13 BIRTHPLACE OF MOTHER Scotland  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. A. R. Tipton

(Address) Hillen Rd. &amp; Ridge Ave.

15 Filed June 9, 1931 Off. P. G. Miller  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

June 8th, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 192... to 192...,

that I last saw h alive on , 192...,

and that death occurred on the date stated above, at 9 A.m.

The CAUSE OF DEATH \* was as follows:

The deceased had no physician  
With a Coroner in attendance  
The cause of death was decided  
by coroner as insufficient

(Duration) yrs. mos. ds.

Contributory  
Secondary

Gentry Aster Clever  
W. P. Tipton (Coroner)  
(Signed) Daniel G. St. Hoo Tempor M. D.  
June 8th, 1931 (Address) Towson Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Baltimore Cemetery

DATE OF BURIAL  
June 10, 1931

## 20 UNDERTAKER

Frederick Lassalby Jr.

ADDRESS  
7401 Belair Rd

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Houswife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

RECEIVED  
JUL 8 1931  
BUREAU OF THE CENSUS

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Baltimore

06893

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 38Village or City W. Washington No. .....Smith Ave

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

James W. McDermott(McDermott)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Male WhiteMarried

6 DATE OF BIRTH

June 28, 1896  
(Month) (Day) (Year)

7 AGE

34 yrs. 11 mos. 24 ds. or ..... min.?If LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

Clerk Gasoline Station  
John Baltimor9 BIRTHPLACE  
(State or country)Baltimore Md

## 10 NAME OF FATHER

James McDermott11 BIRTHPLACE OF FATHER  
(State or country)Baltimore Md

## 12 MAIDEN NAME OF MOTHER

Clara Hatzell13 BIRTHPLACE OF MOTHER  
(State or Country)Baltimore Md

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Bessie McDermott

(Address)

Smith Ave just Wash.

15

Filed

1931

8pm P. Butler

Dep

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 22nd, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Dec 29th 1927 to June 22, 1931,that I last saw him alive on June 22, 1931,and that death occurred on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH \* was as follows:

Pulmonary tuberculosis.(Duration) 3 6 yrs. 24 mos. ds.

Contributory Secondary

(Duration) 10 yrs. 0 mos. 0 ds.

(Signed)

John O. Hafferty M. D.  
June 22, 1931 104 W. Madison St.

\*State the disease causing death, or, in deaths from violent causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds.In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Woodlidge Cemetery June 25, 1931

## 20. UNDERTAKER

Elmer W. Conklin 824 E.ager St.

DATE OF BURIAL

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term only, the first line will be sufficient, e. g., Farmer or Planter; Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation whatever, write None.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Grop"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Author -  
L. S.  
Under this  
isizing change of spelling of surname. - L.

unqualified, is indefinite); Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, I will send further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

**N.B.** Every item of information should be carefully supplied. ACE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Baltimore

06894

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 3Village Catonsville City Spring Grove Hospital Ward 82B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Amy McGuinness

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Female whiteSingle

6 DATE OF BIRTH

Sept 25, 1888  
(Month) (Day) (Year)

7 AGE

42 yrs. 8 mos. 21 ds. If LESS than  
1 day ... hrs.  
or ... min.

## 8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)Home Nurse9 BIRTHPLACE  
(State or country)England10 NAME OF  
FATHERArthur McGuinness11 BIRTHPLACE  
OF FATHER

(State or country)

Spain12 MAIDEN NAME  
OF MOTHERAmy Guiney13 BIRTHPLACE  
OF MOTHER

(State or Country)

France

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Miss Esther Spicer(Address) 2004 Park Ave

15 Filed

July 31 1931At place of death in the city of BaltimoreWhere was disease contracted if not at place of death? in the city of BaltimoreFormer or usual residence in the city of Baltimore

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 19, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

See 28, 1928, to June 19, 1931,that I last saw her alive on June 18, 1931,and that death occurred on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH \* was as follows:

Cerebral Embolism(Duration) 1 yrs. 0 mos. 0 ds.Contributory  
Secondary Arterio-Sclerosis(Duration) 1 yrs. 0 mos. 0 ds.(Sign) Patt. E. Garrett M.D.(Address) Catonsville Md\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Patients or Recent Residents)

At place of death 2 yrs. 5 mos. 21 ds. In the State 40 yrs. 0 mos. 0 ds.Where was disease contracted if not at place of death? in the city of BaltimoreFormer or usual residence in the city of Baltimore

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Friends Cemetery June 22, 1931

20 UNDERTAKER ADDRESS

John O'Nell & Son 190 Eulaw Place

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Rancher*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed, or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis*, *peritonitis*, etc.; *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary, or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dragsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a question is answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
JUL 1931  
BUREAU

## MARGIN RESERVED FOR BINDING

N. B. - Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH  
County Baltimore

Village or City Daniels Mills No. 160-B

2 FULL NAME Baby Medairy

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE Female white  
5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH

June 5, 1931  
(Month) (Day) (Year)

7 AGE

yrs. .... mos. .... If LESS than  
1 day ... hrs.  
ds. or 15 min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work  
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr George E Medairy(Address) Daniels Mills Md15 Filed June 5 1931 St. Louis  
Registrar

06895

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 33

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 5 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

192 ... to ... 192 ... , 192 ...

that I last saw h ..... alive on ....., 192 ..., 192 ...,

and that death occurred on the date stated above, at .....

The CAUSE OF DEATH \* was as follows:

still - born

(Duration) yrs. mos. da.  
Contributory Secondary  
(Duration) yrs. 1 mos. da.

(Signed) John Brown M.D.  
(Address) June 5 1931 medical arts bldg

\* State the cause causing death, or, in other words, Violent Causes, state. (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death.

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Holy Cross Cemetery June 5, 1931

20 UNDERTAKER ADDRESS

J. F. Elvin Funeral Home Md

15 W. Saratoga St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife*, *Houselabor*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, membranes, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County **Baltimore**

Village or City **Towson**

(No.) **Presbyterian Home**

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. **38**

2 FULL NAME **Henrietta Nelson**

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

**Female** **white**

**widow**

6 DATE OF BIRTH

**January 24, 1836**

(Month) (Day) (Year)

7 AGE

**95 yrs. 4 mos. 9 ds. or min.**

IF LESS than  
1 day hrs.

8 OCCUPATION

- (a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

**at home**

9 BIRTHPLACE

(State or country)

**Snow Hill Md**

10 NAME OF FATHER

**John O. Sturgis**

11 BIRTHPLACE OF FATHER

(State or country)

**unknown**

12 MAIDEN NAME OF MOTHER

**Eliza Nelson**

13 BIRTHPLACE OF MOTHER

(State or country)

**unknown**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

**Records of the Home**

(Address)

15

Filed **June 3 1931**

**Opie P. Butler**  
**Registrar**

## DATE OF BURIAL

19 PLACE OF BURIAL OR REMOVAL

**London Park Cemetery June 4, 1931**

20 UNDERTAKER

**Chas. S. Black 742 W. North Ave**

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bre. Pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrphy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a question answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

March 27

## MARGIN RESERVED FOR BINDING

N.B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

<sup>1</sup> PLACE OF DEATH  
County Baltimore

Village or City Catonsville

<sup>2</sup> FULL NAME..... Lillian Cecelia Messer

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 30

2D9 m

(No.) Edmondson Av  
St. Ward  
in Beechwood, Md.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS					
<sup>3</sup> SEX Female	<sup>4</sup> COLOR OR RACE White	<sup>5</sup> SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Married		
<sup>6</sup> DATE OF BIRTH March 18, 1874 (Month) (Day) (Year)					
<sup>7</sup> AGE 57 yrs. 3 mos. 9 ds.	If LESS than 1 day, hrs. OR min. ?				
<sup>8</sup> OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) Housewife					
<sup>9</sup> BIRTHPLACE (State or country) Baltimore Maryland					
<sup>10</sup> NAME OF FATHER Adolph J. Foige					
<sup>11</sup> BIRTHPLACE OF FATHER (State or country) Hamburg, Germany					
<sup>12</sup> MAIDEN NAME OF MOTHER Joanna Wright					
<sup>13</sup> BIRTHPLACE OF MOTHER (State or country) Harford County, Md.					

<sup>14</sup> THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mr. Philip L. Messer

(Address) 122 Osborne Ave., Catonsville

<sup>15</sup>  
Filed 6/29/1931

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

<sup>16</sup> DATE OF DEATH June 27, 1931  
(Month) (Day) (Year)

<sup>17</sup> I HEREBY CERTIFY, That I attended deceased from  
191... to 191...  
that I last saw her alive on 191...  
and that death occurred on the date stated above, at 191... m.

The CAUSE OF DEATH \* was as follows:

Struck by street car of U. P. W. Co.  
accidental death

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Signed) J. L. Andrus (Address) 191... m. s. 191... m. s. 191... m. s.

\* State the DISEASE CAUSING DEATH, an death from VIOLENT  
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,  
SUICIDAL or HOMICIDAL.

<sup>18</sup> LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  
OR RECENT RESIDENTS)

At place of death yrs. mos. ds. Is the State Life yrs. mos. ds.

Where was disease contracted,  
If not at place of death?

Former or  
usual residence

<sup>19</sup> PLACE OF BURIAL OR REMOVAL

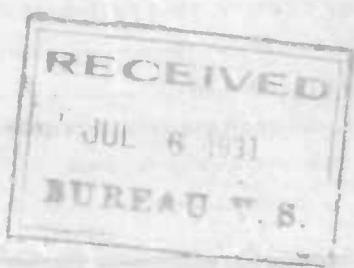
Lorraine Mausoleum

DATE OF BURIAL

June 30, 1931

<sup>20</sup> UNDERTAKER

ADDRESS  
1003 West  
Baltimore St.



## MARGIN RESERVED FOR BINDING

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL CLANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

Village or City Catonsville

2 FULL NAME Catherine Meyers

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH  
May 13, 1863  
(Month) (Day) (Year)

7 AGE  
68 yrs. 1 mos. 20 ds. If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION  
(a) Trade, profession or  
particular kind of work Housewife  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE  
(State or country) Ireland

10 NAME OF  
FATHER Patrick Martin

11 BIRTHPLACE  
OF FATHER  
(State or country) Ireland

12 MAIDEN NAME  
OF MOTHER Mary McAndrews

13 BIRTHPLACE  
OF MOTHER  
(State or Country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Meyers  
(Address) 115 N. Green St.

15 Filed 6/4/31 1931  
Registers

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balt., requesting V. S. Inv. 1.

0680 STATE OF MARYLAND  
CERTIFICATE OF DEATH

(13)

Registration Dist. No. 30(If death occurred in  
a hospital or institu-  
tion, give its NAME in-  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
June 3, 1931

17 I HEREBY CERTIFY, That I attended the deceased from

May 13, 1931, to June 3, 1931,that I last saw her alive on June 2, 1931,and that death occurred on the date stated above, at 445 P.M.

The CAUSE OF DEATH \* was as follows:

Ch. intestinal Respiratory  
(Duration) yrs. mos. ds.

Contributory Secondary Arterio-sclerosis  
(Duration) yrs. mos. ds.

(Signed) Patt. E. Garrett M. D.  
June 3, 1931 (Address) Baltimore Md

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death? In Baltimore

Former or usual residence Baltimore Md

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
Cathedral June 5, 1931

20 UNDERTAKER ADDRESS  
Tom Cork Baltimore

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (c) *Spinner*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by hydrochloric acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions unanswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

X  
WRITE PRINT ONLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N.B. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-  
CALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact  
statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Balto., Co.

Village or City Ruxton (No. ....)

2 FULL NAME Herman Frederick Meyer

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.4 COLOR OR RACE white5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word) Married6 DATE OF BIRTH December27, 1845  
(Month) (Day) (Year)7 AGE 85yrs. 5 mos. 13 If LESS than  
1 day hrs.  
ds. or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work accountant (Retired)  
(b) General nature of industry  
business, or establishment in  
which employed or (employer) .....

9 BIRTHPLACE

(State or country) Ohio

10 NAME OF

FATHER Fredrik a. Meyer

11 BIRTHPLACE

OF FATHER  
(State or country) Germany12 MAIDEN NAME  
OF MOTHERUnknown13 BIRTHPLACE  
OF MOTHER(State or Country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Al. F. Meyer Jr(Address) Walnut St. Ruxton15 Filed June 18 1931Name John P. Butler  
Signature S.P. Registrar

06810

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 38St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in  
a hospital or institution, give its NAME instead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June9 - 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from  
May 15 - 1931 to June 9 - 1931,that I last saw him alive on June 6 - 1931,  
and that death occurred on the date stated above, at 7:20 p.m.  
The CAUSE OF DEATH \* was as follows:Fracture neck of Femur.  
Fell on his bedroom floor.(Duration) 10 yrs - mos - ds.Contributory  
Secondary Cardio - Renal disease(Duration) 10 yrs - mos - ds.(Signed) Al. F. Meyer Jr - Home M. D.(Date) June 9 - 1931 (Address) Ridderwood, Md.\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)At place of death years months days. In the State years months days.Where was disease contracted,  
if not at place of death?Former or  
usual residence.....

19 PLACE OF BURIAL OR REMOVAL

Garrison Forrest DATE OF BURIAL June 11 1931

20 UNDERTAKER

William Cook ADDRESS 1217 S. Guel

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, menses*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *leptomas*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County

Baltimore

06811

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 44

Village or City

St Helena

(No.)

6513 Detroit ave

St: \_\_\_\_\_

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Stile born infant (Myers)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED

(Write the word)

Male white

Engl

6 DATE OF BIRTH

June 21 1931

(Month)

(Day)

(Year)

7 AGE

— yrs. — mos. —

LESS than  
1 day hrs.  
ds. or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)

None

9 BIRTHPLACE  
(State or country)

Md

10 NAME OF  
FATHER

Elmer A Myers

W Va

11 BIRTHPLACE  
OF FATHER  
(State or country)12 MAIDEN NAME  
OF MOTHER

Dagel J Garrett

W Va

13 BIRTHPLACE  
OF MOTHER  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Hazel J Myers

(Address)

St Helena

15 Filed

June 26 1931

L. H. Johnson MD

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 21 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
192... to 192...,

that I last saw h alive on , 192...,

and that death occurred on the date stated above, at 9 A.m.

The CAUSE OF DEATH \* was as follows:

Stile born infant  
(3 mo)

(Duration) yrs. mos. ds.

Contributory  
Secondary

G. McCormick (Duration) yrs. mos. ds.

(Signed) June 26 1931 (Address) Sparrows Point M. D.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted,  
if not at place of dea h?Former or  
usual residence

In the State yrs. mos. ds.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Sent to Johns Hopkins , 19

20 UNDER TAKER ADDRESS

Anatomical Laboratory

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-s. inal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds., Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-atic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a few questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

06812

## 1. PLACE OF DEATH

County Baltimore 379  
 Village or City Ever Green Park

Registration Dist. No. 44

Length of residence in city or town where death occurred

No. Hammers Run P.O. Md. Ward 84  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ellis Miller(a) Residence: No. 300 S. Bond

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) December 18 - 1915

7. AGE <u>16</u>	Years	Months <u>5</u>	Days <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Student</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Baltimore Md.13. NAME William Miller14. BIRTHPLACE (city or town)  
(State or country) Russia15. MATURE NAME Lina White16. BIRTHPLACE (city or town)  
(State or country) Russia17. INFORMANT Henry Miller  
(Address) 300 S. Bond St Baltimore18. BURIAL, CREMATION, OR REMOVAL  
Place Hebrew Cemetery Date June 10, 193119. UNDERTAKER Joe Leavison  
(Address) 1127 G. St. Baltimore20. FILED June 10, 1931 John G. Connally  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June(Month) 7<sup>th</sup> (Day) 1931 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19\_\_\_\_\_, to , 19\_\_\_\_\_; death is said

I last saw him alive on \_\_\_\_\_; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Accidental drowning

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What last confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Jacob Wallman Coroner M. D.  
 (Address) Hammers Run Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Baltimore

327

06813

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 44

(183)

Village or City Twin River Beach (No.)15th Street

St. \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Alphonse Charles Miller

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)MaleBlkSingle

## 6 DATE OF BIRTH

May 12th 1917  
(Month) (Day) (Year)

## 7 AGE

14 yrs. / mos. / 13 ds.If LESS than  
1 day hrs.  
or min.?

## 8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)Schoolboy

## 9 BIRTHPLACE

(State or country)

Baltimore10 NAME OF  
FATHERJohn A. Miller11 BIRTHPLACE  
OF FATHER

(State or country)

Baltimore12 MAIDEN NAME  
OF MOTHERDorothy Williams13 BIRTHPLACE  
OF MOTHER

(State or Country)

Baltimore

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

John A. Miller

(Address)

3820 E. Pratt St.

## 15

Filed June 28 1931 John G. Connolly  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

June 25, 1931

(Month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended the deceased from

192 . . . to . . . , 192 . . .

that I last saw h . . . alive on . . . , 192 . . .

and that death occurred on the date stated above, at . . . m.

The CAUSE OF DEATH \* was as follows:

Accidental drowning

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) Jacob Hallinan Coroner M. D.192 . . . (Address) Stemmers Run\* State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of de.s.h?Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Oak Lawn

## DATE OF BURIAL

June 29 1931

## 20 UNDERTAKER

John G. Connolly Cox

## ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of this injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 N.B.---Every item of information should be carefully supplied. ACE should be used ACTLY, PHYSICALLY, and every classification. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

06814

**PLACE OF DEATH**

County Baltimore 82-2  
 Sheppard and Enoch Pratt Hospital

**Village or City** Towson **(No.)** \_\_\_\_\_ **Maryland** **St.** \_\_\_\_\_ **Ward** \_\_\_\_\_

**FULL NAME** James M' Elderry Mullkin

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
male	white	widowed

**6 DATE OF BIRTH**

April 3, 1869  
 (Month) (Day) (Year)

**7 AGE**

62 yrs. 2 mos. 16 ds. or min.?  
 If LESS than  
 1 day..... hrs.  
 1 day..... hrs.  
 1 day..... hrs.

**8 OCCUPATION**

(a) Trade, profession or particular kind of work Broker  
 (b) General nature of industry business, or establishment in which employed or (employer) Cotton

**9 BIRTHPLACE**  
 (State or country) Maryland

**10 NAME OF FATHER** J. M. Mullkin

**11 BIRTHPLACE OF FATHER**  
 (State or country) Maryland

**12 MAIDEN NAME OF MOTHER** Margaret D. Hammond

**13 BIRTHPLACE OF MOTHER**  
 (State or country) A.C. Md.

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) A. M. Mullkin  
 (Address) 212 Hawthorne Rd

**15 Filed** June 21 1931 **Regd.** M. P. Butter  
 (Signature) John O. Mitchell **Regd.** June 22, 1931

**STATE OF MARYLAND CERTIFICATE OF DEATH**

Registration Dist. No. 38

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH**

June 19, 1931  
 (Month) (Day) (Year)

**17 I HEREBY CERTIFY, That I attended the deceased from**  
May 23 1931 to June 19 1931  
 that I last saw him alive on June 19 1931,  
 and that death occurred on the date stated above, at 9:45 p.m.

The CAUSE OF DEATH \* was as follows:  
Cerebral haemorrhage

(Duration) 0 yrs. 7 mos. 1 ds.

Contributory  
 Secondary Bronch pneumonia  
 (secondary) Arterial Pottell M. 192 Address Towson, Md.

(Signed) Arthur E. Pottell, M.D.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

**18 LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

**19 PLACE OF BURIAL OR REMOVAL** **DATE OF BURIAL**

Dundridge June 22, 1931

**20 UNDERTAKER** **ADDRESS**

John O. Mitchell 14th Avenue Place

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spirer*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Cook* *mauve*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Nursemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *farmer* (*tired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "*Croup*"); *Typhoid fever* (never report "*Typhoid Pneumonia*"); *Lobar pneumonia*. *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin), "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary); 10 ds. Never report mere symptoms or terminal conditions, such as, "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as *Puerperal septicemia*, *Puerperal peritonitis*, etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory". (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A date is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County. Baltimore

Village or City Sparrows Point Md No.

2 FULL NAME John T Nicholas

## 06809 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 44

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE Negro	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
------------	-----------------------	--

6 DATE OF BIRTH April 2nd	I880
	(Month) (Day) (Year)

7 AGE 51 yrs. 2 mos. 16 ds.	If LESS than 1 day hrs. or min.?
-----------------------------	----------------------------------

8 OCCUPATION (a) Trade, profession or particular kind of work Laborer
(b) General nature of industry business, or establishment in which employed or (employer) Beth. Steel

9 BIRTHPLACE (State or country) Baltimore Md.
---

10 NAME OF FATHER William Nicholas
------------------------------------

11 BIRTHPLACE OF FATHER (State or country) Maryland
---

12 MAIDEN NAME OF MOTHER not Known
------------------------------------

13 BIRTHPLACE OF MOTHER (State or Country) Not Known
--

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
--

(Informant) Mary Nicholas (Wife)
----------------------------------

(Address) 1910 East Madison Street.
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15 Filed June 18 1931 G. H. McCormick M. Registrar
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## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 18<sup>th</sup>, 1931 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 192... to 192..., that I last saw h alive on and that death occurred on the date stated above, at m. The CAUSE OF DEATH \* was as follows:

Fracture Skull : accidentally fell from a scaffold, while handling brick at plant of Bethlehem Steel Company, C. 192... (Duration) yrs. mos. ds.

Contributory Secondary

(Signed) J. Wm. Nicholas Brown M.D. (Duration) yrs. mos. ds.

192... (Address)

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Mt. Auburn June 19, 1931 (Date of Burial)

20 UNDERTAKER Mrs. P. J. Elliott ADDRESS 125 Ashland

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia");

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Conma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in full, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanent.

**RECEIVED**

JUN 25 1911

BUREAU V. S.

## MARGIN RESERVED FOR BINDING

**N.B.** - Every item of information should be carefully supplied. ACE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Baltimore

Village or city

Catonsville Spring Grove Hospital

(106-01)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Albert Pancoast

ALBERT PANCOAST

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

Apr. 7, 1888

(Month)

(Day)

(Year)

7 AGE

43 yrs. 2 mos. 15 ds.

If LESS than  
1 day ... hrs.  
or ... min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work

(b) General nature of industry  
business, or establishment in  
which employed or (employer)

Produce Salesman

Auto Bronchitis

9 BIRTHPLACE  
(State or country)

Md

10 NAME OF  
FATHER

Albert Pancoast

11 BIRTHPLACE  
OF FATHER

Md

(State or country)

12 MAIDEN NAME  
OF MOTHER

Nellie Coulter

13 BIRTHPLACE  
OF MOTHER

Md

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Emma Pancoast

(Address)

119 E. Hamburg St

15 Filed

9/22/31

Registrar

If more banks are needed, add more lines, see Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June

22

1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from May 18, 1931 to June 22, 1931, that I last saw him alive on June 21, 1931, and that death occurred on the date stated above, at 7:00 P.M. The CAUSE OF DEATH \* was as follows:

Septic Delirium

(Duration) yrs. mos. ds.

Contributory  
Secondary

Auto Bronchitis

(Duration) yrs. mos. ds.

(Signed) Polt. E. Garrett M. D.  
(Address) Catonsville Md

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, stats (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? At place of death

Former or usual residence Baltimore Md

19 PLACE OF BURIAL OR REMOVAL

Lordan Grill

DATE OF BURIAL

6-24, 1931

20 UNDERTAKER

Hm Good

ADDRESS

Balto

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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## MARGIN RESERVED FOR BINDING

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

06816

38

## 1. PLACE OF DEATH

County

Baltimore

(13)

Registration Dist. No.

Village or City

Towson

St.,

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs.

mos.

ds.

No.

How long in U.S. if of foreign birth?

## 2. FULL NAME

(a) Residence: No.

Mrs. Endesia Parks

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

widow

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Charles Parks

6. DATE OF BIRTH (month, day, end year)

Aug 29 1897

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

80

9

78

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Nov 1 1951

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Harford Co Md

MOTHER

FATHER

13. NAME

Charles Parker

14. BIRTHPLACE (city or town)

(State or country)

Harford Co Md

15. MAIDEN NAME

Martha Jones

16. BIRTHPLACE (city or town)

(State or country)

Md

17. INFORMANT

(Address)

Maurice Harland  
7 Trans Clement Rd

18. BURIAL, CREMATION, OR REMOVAL

Place

Mayo's Cemetery

Date

June 19, 1951

19. UNDERTAKER

(Address)

John Burns Son

20. FILED

Date

June 16, 1951

Opie P. Butler  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June  
(Month)16  
(Day)1931  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

June 15, 1951 to June 16, 1951  
I last saw her alive on June 16, 1951; death is said  
to have occurred on the date stated above, at 11:15 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Aphoplexy, left Hemisphere

Date of onset  
June 15

Other Contributory Causes of importance:

Arteriosclerosis, Chronic  
Interstitial Nephritisabout  
3 yrs

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

B. T. Burrey  
Towson Md

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

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## PLACE OF DEATH

County Baltimore

Village or City Catonsville (No. Harlem Lodge)

## 2 FULL NAME

Bellie S. Parlett

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female white

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH

February 20 1878  
(Month) (Day) (Year)

7 AGE

53 yrs. 4 mos. 7 ds. or min.

If LESS than  
1 day..... hrs.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

Clerk

Drug

9 BIRTHPLACE  
(State or country)

Ind

10 NAME OF  
FATHER

Benjamin S. Parlett

11 BIRTHPLACE  
OF FATHER  
(State or country)

Ind.

12 MAIDEN NAME  
OF MOTHER

Anne Louise Brown

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Ind

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

W.P. Dunton, Jr

(Address)

Catonsville

15 Filed

1931

A.C. Sundrum

Registrar

06817

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 30

St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in  
a hospital or institu-  
tion, give its NAME in-  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 27, 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
May 8 1921 to June 27, 1921,  
that I last saw her alive on June 27, 1921,  
and that death occurred on the date stated above, at 9:15 A.M.  
The CAUSE OF DEATH \* was as follows:

apoplexy

(Duration) yrs. mos. ds.

Contributory  
Secondary

M.D. Depressions

(Duration) yrs. mos. ds.

(Signed) W.P. Dunton, Jr M. D.  
June 27, 1921 (Address) Catonsville

\* State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)

At place of death 1 yrs. 1 mos. 12 ds.

Where was disease contracted,  
if not at place of death? X

Former or usual residence 2202 Allendale Road

19 PLACE OF BURIAL OR REMOVAL McClintock Cem. - Balto. Md. DATE OF BURIAL June 30, 1921

20 UNDERTAKER

Stewart Mortuary ADDRESS Balto.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc. of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; .. *Pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia;" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL puerperitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may bestated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	JUL 8 1931	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

06819

## 1. PLACE OF DEATH

County..... Baltimore.

Registration Dist. No. 9 38

Village or City EUDOWOOD SANATORIUM, TOWSON, MD.

St. Ward

Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U.S. or foreign birth? 24 yrs. 7 mos. ds.

## 2. FULL NAME Anna May Pickeral, Charles County, Md.

(a) Residence: No. Marshall Hall, St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
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5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Edward E. Pickeral

6. DATE OF BIRTH (month, day, end year) February 2, 1905

7. AGE Years 26	Months 4	Days 11	If LESS than 1 day, ____ hrs. or ____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Virginia

13. NAME Lawrence Alliee

14. BIRTHPLACE (city or town)  
(State or country) Virginia

15. MAIDEN NAME Catherine Gregory

16. BIRTHPLACE (city or town)  
(State or country) Virginia17. INFORMANT Hospital Records--Personal History  
(Address) EUDOWOOD SANATORIUM, TOWSON, MD.

18. BURIAL, CREMATION, OR REMOVAL

Marshall Hall 6/15, 1931

19. UNDERTAKER C. G. Chamberlain Co.  
(Address) 140 Charles Street, Baltimore, Md.

20. FILED June 18, 1931

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH June 13, 1931

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1929, to June 13, 1931.

I last saw her alive on April 12, 1931; death is said to have occurred on the date stated above, at 7:02 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Oculitis and Tuberculosis 6/29.

Date of onset

6/29.

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *No.*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *W. A. Bridges* M. D.

(Address) Eudowood San., Towson, Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

Village or City Owings Mills (No.)

2 FULL NAME Frank Poggioli

06820

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 33(130) Rosewood State

St.

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
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6 DATE OF BIRTH

Sept 13, 1919  
(Month) (Day) (Year)

7 AGE

11 yrs. 8 mos. 20 ds. If LESS than  
1 day hrs. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Inmate  
(b) General nature of industry business, or establishment in which employed or (employer) Rosewood State Training School  
Owings Mills, Md.

9 BIRTHPLACE  
(State or country)Maryland

10 NAME OF FATHER

Anthony Poggioli11 BIRTHPLACE OF FATHER  
(State or country)Italy

12 MAIDEN NAME OF MOTHER

Jennie Poggioli <sup>no relation</sup>13 BIRTHPLACE OF MOTHER  
(State or Country)Italy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rosewood State Training School Records

(Address) Owings Mills, Md

15 Filed June 2 1931 07 M. S. L. 2  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 2, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

May 10 1931 to June 2, 1931,  
that I last saw him alive on June 2, 1931,

and that death occurred on the date stated above, at 12:15 P.M..  
The CAUSE OF DEATH \* was as follows:

acute Parenchymatous Nephritis

(Duration) 23 yrs. mos. ds.

Contributory  
Secondary

(Duration) — yrs. — mos. — ds.

(Signed) George C. Medary M. D.

June 2, 1931 (Address) Owings Mills, Md.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 2 yrs. 4 mos. 10 ds. In the State 11 yrs. 8 mos. 20 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Baltimore, Md.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Holy Redeemer Cemetery June 4, 1931

20 UNDERTAKER ADDRESS

Martin H. E. Lippele Baltimore, Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is lost or damaged, further correspondence. All the questions answered in detail in this certificate must be obtained before the certificate is replaced. See also the Instructions.

REOIEIVED

REOIEIVED  
[Signature]  
[Signature]

## STATE OF MARYLAND—CERTIFICATE OF DEATH

06821

## MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County BaltimoreVillage or City CoveyLength of residence in city or town where death occurred 25 yrs.

129a

Registration Dist. No.

38

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. 7 Hatfield Rd

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female Mrs. Ward

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

7. AGE Years 76 Months 10 Days 2 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)Baltimore13. NAME Ruth H. Sawyer  
14. BIRTHPLACE (city or town)  
(State or country)unknown15. MAIDEN NAME Mary Hoffner  
16. BIRTHPLACE (city or town)  
(State or country)unknown17. INFORMANT John Gray, Superintendent  
(Address) 7 Hatfield Rd, Covey18. BURIAL, CREMATION, OR REMOVAL  
Place New Cathedral Date June 27, 193119. UNDERTAKER Lorraine J. Rock  
(Address) 2405 Syden Ave20. FILED 6/25, 1931 A. M. Bacon  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 25  
(Month) 1931  
(Year)22. I HEREBY CERTIFY, That I attended deceased from James June 5, 1931 to June 25, 1931I last saw him alive on June 25, 1931; death is said to have occurred on the date stated above, et. a.m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Chronic bronchitis  
Septicemia

Date of onset

Other Contributory Causes of importance:

Bronchitis - Pneumonia

Name of operation

What test confirmed diagnosis? Chest Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Kyle W. Golding, M. D.  
(Address) 5102 Hatfield Rd

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	-
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

**N.B.** Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Baltimore

Village or Street Hemmers Run No. 85

2 FULL NAME Peter N. Reese

06822

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 40St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word)Male WhiteSingle

6 DATE OF BIRTH

May 16, 1907  
(Month) (Day) (Year)

7 AGE

24 yrs. 1 mos. 26 ds. or min.?  
If LESS than  
1 day hrs.

8 OCCUPATION

- (a) Trade, profession or particular kind of work None  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)Maryland

PARENTS

10 NAME OF FATHER

William Reese11 BIRTHPLACE OF FATHER  
(State or country)Maryland

12 MAIDEN NAME OF MOTHER

Virginia Miller13 BIRTHPLACE OF MOTHER  
(State or Country)Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Eva M. Miller

(Address)

Hemmers Run

15

Filed 6/13/31 G. A. Felt, M.D.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 12, 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from Nov. 10, 1926 to June 12, 1931,that I last saw him alive on June 12, 1931, and that death occurred on the date stated above, at 10:50 P.M.  
The CAUSE OF DEATH \* was as follows:Epilepsy  
(Status epilepticus)  
(Duration) 23 yrs. mos. ds.Contributory  
Secondary

(Signed)

June 13, 1931 (Address)(Duration) 8 days mos. ds.\*State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.In the State yrs. mos. ds.Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Joseph's Cemetery

DATE OF BURIAL

June 15, 1931

20 UNDERTAKER

Frederick L. Eschmann Son

ADDRESS

7401 Belair Rd.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH 06823

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County BALTIMORE

Village or City Woodlawn

Length of residence in city or town where death occurred 16 yrs.

942

Registration Dist. No. 31

St. \_\_\_\_\_ Ward. \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. \_\_\_\_\_. ds. How long to U. S. if of foreign birth? \_\_\_\_\_. yrs. \_\_\_\_\_. mos. \_\_\_\_\_. ds.

## 2. FULL NAME JAMES A Robinson

(a) Residence: Nd.

(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

LULA RILEY

6. DATE OF BIRTH (month, day, and year) May 22, 1858

7. AGE Years 73 Months # Days 14 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.

FARMER

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) JULY 5 193111. Total time (years)  
spent in this  
occupation 16 yrs12. BIRTHPLACE (city or town)  
(State or country)

PHILADELPHIA PENN

MOTHER FATHER

13. NAME William Robinson

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME Catherine Robinson

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT William E Riley  
(Address) Woodstock Md

18. BURIAL, CREMATION, OR REMOVAL

Place Good Shepard Cem. Date June 8, 1931

19. UNDERTAKER

(Address) H. Easton Sons

Elmwood City Md

20. FILED El 7 1931 Albert M. Keeney

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June

5

(Month) (Day) (Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_\_; death is said

to have occurred on the date stated above, et \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Angina Pectoris

Date of onset

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Hubert N. Parker Cerone  
(Address) Randallstown Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1661-2-7 AM	1 week ago
Run over by street car		1 week ago
Peritonitis	1661-2-7 PM	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

06824

## 1. PLACE OF DEATH

County Baltimore  
Village or City Towson

48

Registration Dist. No. 88

St., Ward

Length of residence in city or town where death occurred 65 yrs. No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Karoline Rohlffing

(a) Residence: No. 24 Willow Ave St., Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Marrid

## 6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofFrederick C. Rohlffing

## 6. DATE OF BIRTH (month, day, and year)

Apr 17 1863

## 7. AGE

Years	Months	Days	IF LESS than 1 day, ____ hrs. or ____ min.
<u>68</u>	<u>2</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)Germany

## 13. NAME

John Ruckelshausen14. BIRTHPLACE (city or town)  
(State or country)Germany

## 15. MAIDEN NAME

Unknown16. BIRTHPLACE (city or town)  
(State or country)Germany

## 17. INFORMANT

Dorothea Schmidt

(Address)

24 Willow Ave Towson

## 18. BURIAL, CREMATION, OR REMOVAL

Lorraine Cemetery June 23rd, 1931

(Address)

0217 St Paul St

## 19. UNDERTAKER

Wm Cook

(Address)

Opie P. ButlerDept Registrar

## 20. FILED

June 21, 1931Opie P. ButlerDept Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 20

(Month)

(Day)

1931  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from June, 1926, to June 20, 1931.

I last saw her alive on June 20, 1931; death is said to have occurred on the date stated above, at 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of uterus

Date of onset

1926

Other Contributory Causes of Importance:

None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Sabotory Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

No other(Signed) Opie P. Butler M. O.(Address) 3600 York Rd.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	REF ID: A12345	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

**N.B.** Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PLACE OF DEATH  
County Balts.

Village or City Breezy Point (No.)

Holly Neck  
S.S. 1st Dist.  
Elizabeth N. Sanderson

328

06825

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 44

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	(Write the word)

6 DATE OF BIRTH June 8, 1896  
(Month) (Day) (Year)

7 AGE 35 yrs. - mos. 20 ds. or min.  
If LESS than 1 day hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work Housewife  
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country) Scotland

10 NAME OF FATHER James S. Young

11 BIRTHPLACE OF FATHER  
(State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary Allison

13 BIRTHPLACE OF MOTHER  
(State or Country) Scotland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William G. Sanderson

(Address) Maryland Ave. Box

15 Filed June 30 1981 John G. Connally  
Registrar

MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH <u>June 28</u> , <u>1981</u> (Month) (Day) (Year)			

17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192,  
that I last saw h alive on 192,  
and that death occurred on the date stated above, at 192.  
The CAUSE OF DEATH \* was as follows:

Accidental drowning  
(Duration) yrs. mos. ds.

Contributory Secondary  
(Duration) yrs. mos. ds.  
(Signed) Jacob Hallman Carson M. D.  
(Address) 192

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Oak Lawn DATE OF BURIAL June 30, 1981

20 UNDERTAKER John G. Connally ADDRESS Casex

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia",

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convaulsions," "Debility" ("Congenital"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL sepiacæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *hæmorrhage*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

**N.B.** Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1 PLACE OF DEATH**  
County Baltimore

Village or City Cockeysville Md

**2 FULL NAME** Mary Frances Bands

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3 SEX</b>	<b>4 COLOR OR RACE</b>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)</b>
<u>Female</u>	<u>White</u>	<u>MARRIED</u>

**6 DATE OF BIRTH**

Feb 11, 1849  
(Month) (Day) (Year)

**7 AGE**

81 yrs. 5 mos. 17 ds. If LESS than  
1 day... hrs. or... min.?

**8 OCCUPATION**

(a) Trade, profession or particular kind of work House-work  
(b) General nature of industry Housekeeping  
business, or establishment in which employed or (employer) in own house

**9 BIRTHPLACE**

(State or country)

Maryland

Joseph Gribble

**10 NAME OF FATHER**

(State or country)

Pennsylvania

**11 BIRTHPLACE OF FATHER**

(State or country)

**12 MAIDEN NAME OF MOTHER**

(State or Country)

**13 BIRTHPLACE OF MOTHER**

(State or Country)

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant)

John Joseph Bands

(Address)

Cockeysville Rd Md

**15 Filed**

June 5<sup>th</sup> 1931

B. B. Bryan

Registrar

06826

**STATE OF MARYLAND  
CERTIFICATE OF DEATH**

Registration Dist. No. 37

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH**

Jan 24 1931 192

(Month) (Day) (Year)

**17 I HEREBY CERTIFY** That I attended the deceased from Feb 20 1920 to Jan 2 1931, 192...

that I last saw her alive on Jan 2 1931, 192..., and that death occurred on the date stated above, at 12 m.

The CAUSE OF DEATH \* was as follows:

Carcinoma of Mammary gland

(Duration) 3 yrs. 0 mos. 0 ds.  
Contributory Metastasis vertebrae and  
Secondary ovarium -

(Duration) yrs. 6 mos. 10 ds.

(Signed) B. B. Bryan M. D.  
(Address) Cockeysville Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

**18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)**

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

**19 PLACE OF BURIAL OR REMOVAL**

Lauderdale Park Cem.

**DATE OF BURIAL**

June 6 1931

**20 UNDERTAKER**

W. C. Brook & Son

**ADDRESS**

Sparks Rd

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinster*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material work<sup>ed</sup> on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *Name*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Coccinoma, Sorcoma, etc., of . . . . . name origin*; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary, or intercurrent) affection need not be stated unless important. Example: *Masles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *leptanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOTE--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL STATE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County...Baltimore.....

326 06827  
92-aSTATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 44

Village or City Middle River (No.) Middle River Road

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME WILLARD SCHENKEL

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Married
Male	White		

## 6 DATE OF BIRTH

June 21st, 1876  
(Month) (Day) (Year)

7 AGE  
55 yrs. mos. 6 ds. or min.  
If LESS than  
1 day hrs. or min?

8 OCCUPATION  
(a) Trade, profession or particular kind of work Telegraph Operator  
(b) General nature of industry business, or establishment in which employed or (employer) Penna. R.R.

9 BIRTHPLACE  
(State or country)

Balto. Co., Md.

## 10 NAME OF FATHER

Leonard Schenkel

## 11 BIRTHPLACE OF FATHER

(State or country) Maryland

## 12 MAIDEN NAME OF MOTHER

Louise Meyers

## 13 BIRTHPLACE OF MOTHER

(State or Country) New York.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah C. Schenkel

(Address) Middle River, Md.

15 Filed June 29, 1931 John G. Connelly  
• Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

June 27th, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from May 23, 1931, to June 27, 1931, that I last saw him alive on June 26, 1931, and that death occurred on the date stated above, at 2:45 A.M. The CAUSE OF DEATH \* was as follows:

Valv.-D. no. Heart (mitral Reg.)

Chronic Bronchitis

Contributory (Duration) yrs. mos. ds.  
Secondary Acute Delatation Heart

(Signed) Buster C. Thiebaud, M.D.  
June 27, 1931 (Address) 16 N. Keenwood Ave.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Oak Lawn Cemetery

## DATE OF BURIAL

June 30, 1931

## 20 UNDERTAKER

Frederick Lassahn &amp; Son

## ADDRESS

7401 Belair Rd.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmied*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.s.; *Bronchopneumonia* (secondary), 10 d.s. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Murasma," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should state EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Baltimore

Village or City Catonsville

06828

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 302 FULL NAME John Shane

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED	SINGLE
<u>white</u>	<u>Single</u>	<u>(Write the word)</u>	<u>Single</u>

6 DATE OF BIRTH

Sept 18, 1880  
(Month) (Day) (Year)

7 AGE

80 yrs. 8 mos. 27 ds. If LESS than  
1 day ... hrs.  
or ... min?

## OCCUPATION

(a) Trade, profession or  
particular kind of work Tennis Checker  
(b) General nature of industry  
business, or establishment in  
which employed or (employer).....

9 BIRTHPLACE

(State or country)

New York

10 NAME OF

FATHER

Jas. Shane

11 BIRTHPLACE

OF FATHER

(State or country)

Ireland

12 MAIDEN NAME

OF MOTHER

Mary O'Brien

13 BIRTHPLACE

OF MOTHER

(State or Country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Spring Hill StateHospital (Records)(Address)Filed 6/15 1931 J. H. Anderson

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 14, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from May 16, 1922 to June 13, 1931, that I last saw him alive on June 13, 1931, and that death occurred on the date stated above, at 10 A.M. The CAUSE OF DEATH \* was as follows:

Cerebral Embolism

(Duration) yrs. mos. ds.

arterio sclerosis  
Contributory Secondary

(Duration) 5 yrs. mos. ds.

(Signed) Peter E. Garrett M. D.  
(Date) June 14, 1931 (Address) Catonsville Md\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Patients or Recent Residents)

At place of death 9 yrs. mos. ds. In the State 40 yrs. mos. ds.Where was disease contracted if not at place of death At place of deathFormer or usual residence New York19 PLACE OF BURIAL OR REMOVAL Spring Hill State Hospital DATE OF BURIAL 6/15 193120 UNDERTAKER Conway ADDRESS Spring Hill State Hospital

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business, or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (c) Foreman, (d) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, membranes, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mild symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Baltimore  
92-a

06829

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 30

Village or City

Catonsville Spring Grove Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Geo W. Simmers

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH

June 3, 1890  
(Month) (Day) (Year)

7 AGE

41 yrs. 0 mos. 11 ds. If LESS than  
1 day hrs. or min?

8 OCCUPATION

(a) Trade, profession or  
particular kind of workLaborer(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE

(State or country)

Metairie

PARENTS

10 NAME OF  
FATHERJohn Simmers11 BIRTHPLACE  
OF FATHER  
(State or country)Va.12 MAIDEN NAME  
OF MOTHERMary Cook13 BIRTHPLACE  
OF MOTHER  
(State or Country)Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Louise Conn

(Address)

1401 S Clinton St

15 Filed

1921

1/5 1921

Registrar

If more banks are needed, add to State Registrar, 16 W. Pratt St., Balt., Requesting V. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 15, 1921  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from  
June 14, 1921 to June 15, 1921,that I last saw him alive on June 14, 1921,  
and that death occurred on the date stated above, at 4 P.M.  
The CAUSE OF DEATH \* was as follows:Central Manuf'cency

(Duration) yrs. mos. ds.

Cerebral Embolism

(Duration) yrs. mos. 1 ds.

(Signed) Ross E. Garrett M. D.June 15, 1921 (Address) Baltimore, Md.\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place \_\_\_\_\_ yrs. mos. 1 ds. In the \_\_\_\_\_  
Where was disease contracted, if not at place of death? at place of death  
Former or usual residence Baltimore, Md.

19 PLACE OF BURIAL OR REMOVAL

M. Carmel Gern June 17, 1921

DATE OF BURIAL

20. UNDERTAKER

Stephen J. Faloutsos ADDRESS 1000 S. Hanover Ave

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sensit telanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is issued without a stamp, a stamp is required and a copy of the stamp must be attached to the certificate. All the data is essential and must be obtained before the certificate is permanent.

RECEIVED *MD*



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*. *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, menses, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *cærebra*) may be stated under the head of "contributory". (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A *itho* stamp is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N.B. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Baltimore

Village or City Overlea (No. 100 - Belmar Ave.)

06831

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 48

(46)

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Winfield Nelson Smith

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

## 6 DATE OF BIRTH

September 11th, 1877  
(Month) (Day) (Year)

7 AGE	IF LESS than 1 day hrs. or XXXX?
53 yrs. 9 mos. 1 ds.	

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Sppt.  
 (b) General nature of industry business, or establishment in which employed or (employer) Transfer Co.

9 BIRTHPLACE  
(State or country)

Baltimore, Md.

## 10 NAME OF FATHER

Charles Smith

## 11 BIRTHPLACE OF FATHER

(State or country)

Baltimore, Md.

## 12 MAIDEN NAME OF MOTHER

Josephine Smith

## 13 BIRTHPLACE OF MOTHER

(State or Country)

Baltimore, Md.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mary Estella Smith

(Address) 100- Belmar Av. Overlea

15 Filed 6/15 1931 G. A. Fultz M.D.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

June 12, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from May 1, 1931, to June 12, 1931, that I last saw him alive on June 12, 1931, and that death occurred on the date stated above, at 8:45 P.M. The CAUSE OF DEATH \* was as follows:

Carcinoma Stomach

(Duration) yrs. 9 mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) 4/12 8/12 M. D.  
6/14/31 1928 (Address) 2700 Harford Rd.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL  
Loudon Park CemeteryDATE OF BURIAL  
6/15/31, 19

## 20 UNDERTAKER

George A. Fultz Jr., 35 Hastings

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "*Laborer*," "*Foreman*," "*Manager*," "*Dealer*," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*; *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL scirrhous*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 2 1931

BUREAU

## MARGIN RESERVED FOR BINDING

**N.B.** Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County Balto.

06832

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 33Village or City Reisterstown Md.St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Morris Sperling

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Single

6 DATE OF BIRTH

June 1st, 1911

(Month)

(Day)

(Year)

7 AGE

20 yrs.

mos.

6

ds.

or min.

If LESS than  
1 day hrs.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)Labourer

9 BIRTHPLACE

(State or country)

Balto Md

PARENTS

10 NAME OF  
FATHERChas Sperling11 BIRTHPLACE  
OF FATHER

(State or country)

Russia12 MAIDEN NAME  
OF MOTHERFreida Goldstein13 BIRTHPLACE  
OF MOTHER

(State or Country)

Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed June 7, 1931 H. H. Slade

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jun 7, 1931(Month) 7 (Day) 1931 (Year)17 I HEREBY CERTIFY, That I attended the deceased from Aug. 24, 1930 to Jun 7, 1931,that I last saw him alive on Jun 7, 1931, and that death occurred on the date stated above, at 12:55 A.M.  
The CAUSE OF DEATH \* was as follows:Pulmonary Tuberculosis(Duration) 16 yrs. 16 mos. 6 ds.Contributory  
Secondary(Duration) yrs. mos. ds.(Signed) Dr. Albert F. Shreeves M. D.Jun 7, 1931 (Address) Reisterstown Md\* State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 10 yrs. 17 mos. 6 ds.In the State 20 yrs. 6 mos. 6 ds.

Where was disease contracted, if not at place of death?

BaltoFormer or usual residence 2047 Pennsylvania ave

19 PLACE OF BURIAL OR REMOVAL

Hector Ardeagle Cemetery Jun 7, 1931

20 UNDERTAKER

ADDRESS 1127 E

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

06833

## 1. PLACE OF DEATH

County Baltimore

Registration Dist. No. 38

Village or City EUDOWOOD SANATORIUM, TOWSON, MD.

St. Ward

Length of residence in city or town where death occurred 6 yrs. 6 mos. 6 ds. How long in U.S. if of foreign birth? 43 yrs. 6 mos. 6 ds.

## 2. FULL NAME Robert Spies

(a) Residence: No. Ferndale, Arundale Co. St.

Ward. Md.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced
-------------	------------------------	--

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

unknown.

6. DATE OF BIRTH (month, day, and year)

Dec. 21 1887

7. AGE 1	Years 43.	Months 5	Days 24	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Clerk Coffie

12. BIRTHPLACE (city or town) Balt., Md. (State or country)

13. NAME Robert W. Spies.

14. BIRTHPLACE (city or town) Balt., Md. (State or country)

15. MAIDEN NAME Ada H. LeCompte.

16. BIRTHPLACE (city or town) Balt., Md. (State or country)

17. INFORMANT EUDOWOOD SANATORIUM, TOWSON, MD. (Address)

18. BURIAL, CREMATION, OR REMOVAL Anne Arundel Co.  
Place Cedar Hill. Date June 17, 193119. UNDERTAKER Mrs. Mrs. John F. Bridget  
(Address) 801 m F. Coffie & C. Butler20. FILED June 18, 1931 Open P. Butler  
Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June

(Month)

15

(Day)

, 1931 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

January 18, 1931, to June 15, 1931.

Last saw him alive on June 15, 1931; death is said

to have occurred on the date stated above, at 10:55AM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acclomian Tuberculosis

Date of onset

1930

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_ M. D.

(Signed) W. A. Bridget  
(Address) Eudowood San., Towson, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	JUN 17 1921	Date of onset
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RECEIVED  
JUN 17 1921  
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

06834

38

## 1. PLACE OF DEATH

County Baltimore

Village or City Towson

Length of residence in city or town where death occurred Lifetime

Registration Dist. No.

No. Mercy Villa Bellona Ave. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if foreign birth? yrs. mos. ds.

## 2. FULL NAME Elizabeth A. Storck

(a) Residence: No. 407 Gittings Avenue

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced

• HUSBAND of: (or) WIFE of

Edward Storck

6. DATE OF BIRTH (month, day, end year) Jan 17th. 1854

7. AGE	Years	Months	Days	IF LESS than 1 day, _____ hrs. or _____ min.
77		4	13	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

At home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME J. Henry Warns

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Margaret Meister

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. Harry Storck (Address) 407 Gittings Ave.

18. BURIAL, CREMATION, OR REMOVAL Govans Place St. Mary's Cemetery

Date 6/4 1931

19. UNDERTAKER Chase &amp; Sons (Address) 118 W. Mt. Royal Ave.

20. FILED June 2 1931 Open P. Butler Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 1 (Month) (Day) 1931 (Year)

22. HEREBY CERTIFY. That I attended deceased from

July 28, 1931, to June 1, 1931; death is said

I last saw him alive on June 1, 1931; to have occurred on the date stated above, at 2 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

4 yrs

Allotropin

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_ M.D.

(Signed) Sheldon L. Rosenzweig, M.D.

(Address) 323 Med Arts Bldg, Baltimore, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 1. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County, Baltimore

06835

STATE OF MARYLAND  
CERTIFICATE OF DEATH

(131)

Registration Dist. No. 30

Village or City

Catonsville Spring Grove Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Georgia Sundberg

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

## 4 COLOR OR RACE

Female white5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCEDSingle  
(Write the word)

## 6 DATE OF BIRTH

May 15<sup>th</sup>, 1874  
(Month) (Day) (Year)

## 7 AGE

57 yrs. 0 mos. 20 ds. or 1 min.If LESS than  
1 day hrs.  
or min.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

Domestic

## 9 BIRTHPLACE

(State or country)

## 10 NAME OF FATHER

## 11 BIRTHPLACE OF FATHER

(State or country)

## 12 MAIDEN NAME OF MOTHER

## 13 BIRTHPLACE OF MOTHER

(State or Country)

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Sam'l Shoemaker

(Address)

Eccleson Md.

## 15 Filed

6/9

192

St. Stephens Regis

Registrars

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

June 6<sup>th</sup>, 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from Apr. 28, 1931 to June 6, 1931, that I last saw her alive on June 5, 1931, and that death occurred on the date stated above, at 8:45 P.M. The CAUSE OF DEATH \* was as follows:Ch. Endocarditis

(Duration) yrs. 1 mos. ds.

Contributory  
SecondaryCh. Inf. Nephritis

(Duration) yrs. 1 mos. ds.

(Signed) Rose E. Garrett M. D.  
June 7, 1931 (Address) Catonsville Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Patients or Recent Residents)

At place of death yrs. 1 mos. 8 ds. In the State 40 yrs. mos. ds.

Where was disease contracted, if not at place of death? In BaltimoreFormer or usual residence Baltimore

## 19 PLACE OF BURIAL OR REMOVAL

Englehardt Hosp. Bur. 6/9, 1931

## DATE OF BURIAL

Englehardt Hospital Catonsville

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary, may be entered as *Servant, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by Carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, *Pectoralis*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

\* If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

~~PLACE OF DEATH~~  
 County, Baltimore  
 Village or City German Hill Roa d (No.)  
 Statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County, Baltimore

Village or City German Hill Roa d (No.)

06836

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 41

47

St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Victoria . Tadajewski

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Married

## 6 DATE OF BIRTH

unknown, 1. 873  
 xxix (Month) (Day) (Year)

## 7 AGE

58 yrs. mos. ds. or min?

If LESS than  
1 day.... hrs.  
or..... min?

## 8 OCCUPATION

- (a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

None

9 BIRTHPLACE  
(State or country)

Poland

## 10 NAME OF FATHER

George . Wojdanowicz

## 11 BIRTHPLACE OF FATHER

(State or country)

Poland

## 12 MAIDEN NAME OF MOTHER

Mary . Przybylska

## 13 BIRTHPLACE OF MOTHER

(State or Country)

Poland

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Anna . Kasprzyk

(Address) German Hill Road Box. 304

## 15 Filed

6/5/31 M. J. Malarone

Registrar

If more banks are needed, address State Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

June 3 1931, 192

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

May 18, 1931, to June 3, 1931,  
 that I last saw her alive on June 1, 1931,

and that death occurred on the date stated above, at 6 A.m.  
 The CAUSE OF DEATH \* was as follows:

Carcinoma - mediastinum

(Duration) yrs. mos. ds.

Contributory  
Secondary

Suffocation - ones chest

area (Duration) yrs. mos. ds.

(Signed) G. D. L. M. D.

June 5, 1931. (Address) 437 S. Chester St.

\*State the Disease Causing Death, or, in deaths from  
 Violent Causes, state (1) Means of Injury and (2) Whether  
 Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death.

Former or usual residence.

## 19 PLACE OF BURIAL OR REMOVAL

Holy Rosary Cem.

June 6 1931, 192

## DATE OF BURIAL

## 20 UNDERTAKER

John M. Weber 401 Chester St.

## ADDRESS

16 W. Saratoga St., Balt., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plouter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm labore*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Labor pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sorexoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanent.



## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

Village or City New Catonsville No. Ellwood City P.O.

2 FULL NAME Elizabeth Shoney

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE,  
MARRIED,  
WIDOWED  
(Write the word) MARRIED

6 DATE OF BIRTH

Oct. 29, 1849  
(Month) (Day) (Year)

7 AGE

81 yrs. 7 mos. 18 days. If LESS than  
1 day hrs. or min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work House wife
- (b) General nature of industry business, or establishment in which employed or (employer) House wife

9 BIRTHPLACE  
(State or country) Germany

10 NAME OF  
FATHER John Brown

11 BIRTHPLACE  
OF FATHER Germany

12 MAIDEN NAME  
OF MOTHER Unknown

13 BIRTHPLACE  
OF MOTHER  
(State or Country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Shoney

(Address) Ellwood City Md

15 Filed 6/18/1923

Registrar J. H. Shoney

06837

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 30

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 16, 1923

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from June 16, 1923 to June 16, 1923,  
that I last saw her alive on June 16, 1923,

and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH \* was as follows:

Chronic Valvular Heart Disease

(Duration) 3 yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) Marshall B West M. D.  
June 17, 1923 (Address) Catonsville Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

In the State yrs. mos. ds.

19 PLACE OF BURIAL OR REMOVAL New Cathedral Cem DATE OF BURIAL June 19, 1923

20 UNDERTAKER Easton Sons

ADDRESS Ellwood City

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Group"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatology), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

325

06838

44

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

(a) Residence: No.

+ 1208

(Usual place of abode)

186-a

Registration Dist. No.

No. 1208-62 m

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Mary Thornton

+ 1208

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

## 5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE OF

## 6. DATE OF BIRTH (month, day, and year)

May 5-1850

7. AGE Years Months Days

75

1

28

IF LESS than  
1 day, hrs.  
or min.

## 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

## 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

## 10. Date deceased last worked at this occupation (month and year)

July

## 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Maryland

John Lubbock

## 13. NAME

John Lubbock

Germany

14. BIRTHPLACE (city or town)  
(State or country)

Germany

## 15. MAIDEN NAME

Germany

16. BIRTHPLACE (city or town)  
(State or country)

Mrs Agnes Becker

## 17. INFORMANT

(Address) 1208-62 m

## 18. BURIAL, CREMATION, OR REMOVAL

Place: Cemetery Date: 7-1-31, 19

## 19. UNDERTAKER

(Address) 1217 St Paul St

## 20. FILED

Date: July 28, 1931 J. J. Connelly Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

6

28

, 1931

(Month) (Day) (Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

19

to

19

I last saw h alive on , 19 ; death is said

to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Paralysis

Date of onset

## Other Contributory Causes of Importance:

Broken Hip  
Fall from a chair, at her home

Name of operation

What test confirmed diagnosis?

inquest

Was there an autopsy?

Name of date of

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ed. J. Herrmann Cor

(Address) Stemmers Run Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	Date of onset May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL ANATOMY should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County...Baltimore.....

06839

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No.

38

Village or City Fullerton R.F.D. (No.) Putty Hill &amp; Ridge Aves. St.: Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alice V. Vaughan

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female,	White	Widowed

## 6 DATE OF BIRTH

April 24th, 1855  
(Month) (Day) (Year)

## 7 AGE

76 yrs. 1 mos. 26ds. If LESS than  
1 day hrs. or min.?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work At Home  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

Virginia

## 10 NAME OF FATHER

Robert Pulliam

11 BIRTHPLACE OF FATHER  
(State or country)

Virginia

## 12 MAIDEN NAME OF MOTHER

Virginia Baker

13 BIRTHPLACE OF MOTHER  
(State or Country)

Virginia

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Geo. W. Imhoff

(Address) Fullerton, Md.

15 Filed 6/21 1923 A. M. Bacon  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

June 20th, 1923

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

June 11 1923 to June 20, 1923

that I last saw her alive on June 19, 1923

and that death occurred on the date stated above, at 8 P.M.

The CAUSE OF DEATH \* was as follows:

Intestinal tuberculosis

(Duration) 2 yrs. - mos. - ds.

Contributory Secondary

(Duration) yrs. - mos. - ds.

(Signed) A. M. Bacon M. D.

6/21 1923 (Address) Parkville

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Parkwood Cemetery DATE OF BURIAL

## 20 UNDERTAKER

Frederick Lassahn ADDRESS

7401 Belair Rd.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plowman*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *septic, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N.B.--Every item of information should be carefully supplied. ACE should be printed EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.

## PLACE OF DEATH

County Baltimore

Village or City Rappeburg (No. 12 Kenwood Ave., Rappeburg, St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank Vedral

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Married
------------	-----------------------	---	---------

6 DATE OF BIRTH May 2nd	1861
	(Month) (Day) (Year)

7 AGE 70 yrs. 1 mos. 20	1 day hrs. ds. or min?
-------------------------	---------------------------

8 OCCUPATION (a) Trade, profession or particular kind of work Cabinet-maker	1
(b) General nature of industry business, or establishment in which employed or (employer)	2

9 BIRTHPLACE (State or country) Czechoslovakia	3
---	---

10 NAME OF FATHER Jacob Vedral	4
--------------------------------	---

11 BIRTHPLACE OF FATHER (State or country) Czechoslovakia	5
--	---

12 MAIDEN NAME OF MOTHER	6
--------------------------	---

13 BIRTHPLACE OF MOTHER (State or country) Czechoslovakia	7
--	---

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	8
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(Informant) Barbara Vedral

(Address) 12 Kenwood Ave.

15 Filed 6/24/1931	S. A. Fritz, M.D. Registrar
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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

66840

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 43

95-6

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 22, 1923 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended the deceased from 192... to 192...,

that I last saw h alive on , 192...,

and that death occurred on the date stated above, at , 192...,

The CAUSE OF DEATH \* was as follows:

Cardiac Insufficiency

Sudden termination.

(Duration) yrs. m<sup>s</sup>. ds.Contributory  
Secondary(Duration) yrs. m<sup>s</sup>. ds.

(Signed) M. D.

June 23, 1923 (Address)

\*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. m<sup>s</sup>. ds. In the State yrs. m<sup>s</sup>. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Oak Hill Cemetery

June 25, 1931

20 UNDERTAKER

George W. Zirkler

ADDRESS  
3029 Northern Parkway.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Cold mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-sinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia").

unqualified, is indefinite); *Tuberculosis of lungs, membranes, peritoneum, etc., Carrion, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic intestinal nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scaphioid*, *telanthes*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A file data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

**X** WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Balto. Md.

06841

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 33Village or City Reisterstown (No.)(23) Mt Pleasant San.

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Miss. Lena Weiss

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Single

6 DATE OF BIRTH

August 12, 1905

(Month) (Day) (Year)

7 AGE

25 yrs. 10 mos. 15 ds.If LESS than  
1 day hrs.  
or min.s

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)Tailoring

9 BIRTHPLACE

(State or country)

Russia10 NAME OF  
FATHERLouis Weiss11 BIRTHPLACE  
OF FATHER

(State or country)

Russia12 MAIDEN NAME  
OF MOTHERDora Yankowitz13 BIRTHPLACE  
OF MOTHER

(State or Country)

Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Dora Weiss(Address) 1514 E. Baltimore St.

15 Filed

June 15 1931 H. M. Gandy

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 15, 1931(Month) 15 (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from  
November 9, 1930 to June 15, 1931,that I last saw her alive on June 15, 1931,and that death occurred on the date stated above, at 1 A.M.  
The CAUSE OF DEATH \* was as follows:Pulmonary Tuberculosis(Duration) 3 yrs. mos. ds.Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) Albert F. Shiner M. D.  
June 15, 1931 (Address) Reisterstown Md.\* State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 7 yrs. 6 mos. 0 ds.In the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death?

BaltoFormer or usual residence 1514 E. Balto. St.

19 PLACE OF BURIAL OR REMOVAL

Mount Pleasant Bur.

DATE OF BURIAL

6-15-31

20 UNDERTAKER

Jac Heire, Inc. 1439 E. Balto.

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planker*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *periosteum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

06842

## 1. PLACE OF DEATH

County

Balto

Village or City

Catoonsville

93-C

Registration Dist. No.

30

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

14

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Thomas W. Wheatley

3701 Harrison Blvd.

(Usual place of abode)

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male White Widower

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Aurelia Wheatley

6. DATE OF BIRTH (month, day, and year)

Jan. 3, 1839

7. AGE Years Months Days If LESS than  
92 15 5 1 day, hrs.  
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Mariner

Retired 20 yrs.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Somerset Co.

Md.

13. NAME

Sam. Wheatley

Md.

14. BIRTHPLACE (city or town)  
(State or country)

Unknown

Md.

15. MAIDEN NAME

Mrs. Annie O' Neiley

3701 Harrison Blvd.

16. BIRTHPLACE (city or town)  
(State or country)

Unknown

Md.

17. INFORMANT

(Address)

Died June 10, 1934

Cause of Death

None

Manner of death

None

Nature of Injury

None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Maryland B. Lester

Catoonsville Md.

M. D.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June  
(Month)8  
(Day)1931  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

May 26, 1931, to June 8, 1931

I last saw him alive on June 7, 1931; death is said

to have occurred on the date stated above, at 8 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis  
Age

Other Contributory Causes of importance:

Senile

Name of operation None Date of

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Injury

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Maryland B. Lester

Catoonsville Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	JUL 1 1931	1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
		Attack of epilepsy
		Run over by street car
		Peritonitis

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.

See instructions on back of certificate.

## 1 PLACE OF DEATH

County Baltimore

Village or City

Catonsville Spring Grove Hospital

2 FULL NAME Robert Wheeler

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

May 5<sup>th</sup>, 1858

(Month)

(Day)

(Year)

7 AGE

73 yrs. 1 mos. 2 ds. or min.

If LESS than  
1 day hrs.  
or min.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

Machinist

9 BIRTHPLACE

(State or country)

Md

10 NAME OF FATHER

Jam'l Wheeler

FATHER

(State or country)

11 BIRTHPLACE OF FATHER

(State or country)

Md

12 MAIDEN NAME OF MOTHER

Lydia Standiford

MOTHER

(State or Country)

Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

John B. Wheeler (Bro)

(Address)

305 E North Ave

15 Filed

1923

1923

Registrar

If more banks are needed, address State Registrar, 16 W. Saratoga St., Baltimore, Requesting V. S. Ivo. 1.

06843

131

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 7, 1923

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Dec 10, 1904 to June 7, 1923

that I last saw him alive on June 6, 1923

and that death occurred on the date stated above, at 5:30 A.M. The CAUSE OF DEATH \* was as follows:

Ch. Influenza, Nephritis

(Duration) 3 yrs. mos. ds.

Contributory  
Secondary

Arteritis, Salivation

(Duration) 5 yrs. mos. ds.

(Signed) Robert E. Garrett M.D.

June 7, 1923 (Address) Baltimore Md

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 26 yrs. 5 mos. 25 ds. In the State 73 yrs. 1 mos. 2 ds.

Where was disease contracted if not at place of death? elsewhere

Former or usual residence Baltimore Md

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Greenmount Cem 6/9, 1923

20 UNDERTAKER ADDRESS

Harry N. Witzel, 410 Edmondson Ave.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Dye laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carenoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary, or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

Village or City Glenco R.F.D. (No.)

2 FULL NAME Mary Cornelie Whye

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE Colon5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Single

6 DATE OF BIRTH

June 20<sup>th</sup>, 1921  
(Month) (Day) (Year)

7 AGE

Still Birth

yrs. mos. ds.

If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work \_\_\_\_\_  
 (b) General nature of industry business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE

(State or country)

Baltimore Md

PARENTS

10 NAME OF FATHER

Earl C Whye

11 BIRTHPLACE OF FATHER

(State or country)

Md

12 MAIDEN NAME OF MOTHER

Lillian M Whye

13 BIRTHPLACE OF MOTHER

(State or Country)

Baltimore Co. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Earl C Whye(Address) Glenco R.F.D. Md

15

Filed June 29 1921 Josphine Barnes Jr.  
Registrar

If more banks are needed, address State Registrar, 16 W. Saratoga St., Baltimore, Requesting V. S. No. 1.

06844

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 35

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 29<sup>th</sup>, 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from June 29<sup>th</sup>, 1921, to June 29<sup>th</sup>, 1921,that I last saw h 0 alive on 8 P.M. June 29<sup>th</sup>, 1921, A.M. and that death occurred on the date stated above, at June 29<sup>th</sup>, 1921.

The CAUSE OF DEATH \* was as follows:

Died in Sleep about Three  
days - Cause not KnownContributory Secondary  
(Hydrocephalus)  
(Duration) yrs. mos. ds.(Signed) John H. Drach M. D.  
At place June 29<sup>th</sup>, 1921 (Address) Cockeysville Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL  
At Home June 29<sup>th</sup>, 1921ADDRESS  
Earl C Whye Father & Child Glenco R.F.D. Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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## MARGIN RESERVED FOR BINDING

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## 1 PLACE OF DEATH

County BaltimoreVillage or City Parkerville No. 173

## 2 FULL NAME

Benj Harrison Winder

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

Male Negro4 COLOR OR RACE  
5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Married

## 6 DATE OF BIRTH

May 1883  
(Month) (Day) (Year)

## 7 AGE

48 yrs. 1 mos. ds. or min.

If LESS than  
1 day hrs.  
or min.)

## 8 OCCUPATION

(a) Trade, profession or  
particular kind of work  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)Sabre

## 9 BIRTHPLACE

(State or country)

Parkerville

## 10 NAME OF FATHER

Sam Winder

## 11 BIRTHPLACE OF FATHER

(State or country)

Baldo Co Md

## 12 MAIDEN NAME OF MOTHER

Carrie Williamson

## 13 BIRTHPLACE OF MOTHER

(State or Country)

Virginia

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Mary S Winder

(Address)

Parkerville

## 15 Filed

June 2119233 P.M.BenjRegistrar

If more blanks are needed, address a State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1931  
48  
06845STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 83

St. \_\_\_\_\_ Ward)

(If death occurred in  
a hospital or institu-  
tion, give its NAME in  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

June 21, 1923

(Month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended the deceased from

192... to 192...  
that I last saw h alive on 192...

and that death occurred on the date stated above, at 192... m.

The CAUSE OF DEATH was as follows:

Murder (Bullet wound  
in abdomen Internal hemorrhage)

(Duration) yrs. mos. ds.

Contributory  
Secondary(Signed) H. P. Butler (Coroner) M. D.(Address) Gowone Md\*State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Quaker Bottom

## DATE OF BURIAL

June 24, 1931

## 20 UNDERTAKER

W. B. Crook & Son

## ADDRESS

Mark's Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*," "*Congenital*," "*Senile*," etc.), "*Dropsey*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marsasmus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicæmia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *bacillus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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## 1 PLACE OF DEATH

County Baltimore

Village or City Sterners Run (No.)

2 FULL NAME Annie Winterstein

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

July 31, 1883  
(Month) (Day) (Year)

7 AGE

47 yrs. 10 mos. 26 ds. If LESS than

1 day hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Housework  
(b) General nature of industry business, or establishment in which employed or (employer) At Home

9 BIRTHPLACE

(State or country) Maryland

PARENTS

10 NAME OF FATHER

George A. Schaefer

11 BIRTHPLACE OF FATHER

(State or country) Germany

12 MAIDEN NAME OF MOTHER

Barbara Schmidt

13 BIRTHPLACE OF MOTHER

(State or Country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Conrad Winterstein

(Address) Sterners Run

15

Filed 6/29/31 192 SD-3817

Registrar

6684

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 43

46 St.: Ward: (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 27, 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

July 13, 1921 to June 27, 1921

that I last saw her alive on June 27, 1921

and that death occurred on the date stated above, at 9:40 P.M.

The CAUSE OF DEATH \* was as follows:

Carcinoma Liver & Stomach

(Duration) 9 mos. ds.

Contributory  
Secondary

Myocarditis

(Duration) 1 yrs. mos. ds.

(Signed) C. V. Cleace M. D.

192 (Address)

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Peter's Luth Cemetery June 30, 1931

20 UNDERTAKER

F. Lazarus ADDRESS 7401 Belair Rd.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

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